Clinical Conferences
IN
MIDWIFERY.

Delivered at St. Mary's Hospital Medical School,

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GENTLEMEN,—In the present series of lectures, supplementary to the systematic course on Midwifery given by Dr. Tyler Smith and myself, it is my intention to discuss practically, and with the aid of clinical illustrations, certain of the more important questions in obstetric science, taking the discussion of these subjects as far as possible to the bedside. Discussions of the kind contemplated are inadmissible in the elementary course: as Denman truly observes, "without some practical knowledge of a subject we cannot fully and well understand the merit of any doctrine." The subjects illustrated in these "clinical conferences" will be necessarily few, and even these I cannot pretend to treat of exhaustively. I shall limit myself to the consideration of questions which may arise in the particular case brought before us. Certain points in the management of Tedious and Difficult Labours, the Diagnosis of the conditions present under these circumstances, the mode of treating these cases, the use of the Forceps; the subject of Post-partum Hæmorrhage, Transfusion; the Diet of Child-bed;—these subjects I propose to discuss. Further, I propose to give some practical instruction in the application of the forceps.

There is perhaps no department which has been so little the subject of clinical instruction as midwifery—in this metropolis at least—or which more imperatively requires it. Cases differ so very much one from the other, that it is hardly possible to lay down laws capable of individual application; but it is well known that laws, as they are termed, influence very largely obstetric practice. It follows as a logical sequence from what has been stated that practice so influenced cannot always be good. The dogmatism which has prevailed has most certainly acted disastrously; it has impeded progress, and has prevented individual practitioners from drawing the legitimate inferences from the facts of the cases actually before them, as to the real nature of these cases. Here let me urge upon you the importance of endeavouring to estimate aright observed facts, and of giving to each fact its proper signification. This is nothing more or less than carrying the diagnosis to the fullest extent possible.

With these few preliminary remarks, I shall proceed at once to the consideration of

CERTAIN POINTS IN THE MANAGEMENT OF TEDIOUS LABOUR.

I have taken this subject first because it is one of everyday interest; because no sort of case creates in the minds of those as yet comparatively inexperienced in practice more anxiety as to the result; and because no kind of case is more important. In using the word "tedious" I do not attach any technical signification thereto. The word will be here used simply in its ordinary conventional sense. By the word "tedious" I do not imply any particular duration of the labour. The question to be considered this evening will be suggested by the narration of a particular case, which occurred when I was commencing the practice of midwifery; and I select it because it happened at a time when my experience was comparatively limited, and more nearly resembling that of the majority of my hearers. The case was as follows:—

Mrs. T. H——, a primipara, thirty-five years of age. She had been in slight pain all day long, but at five P.M. the pains became regular. She was first seen by me shortly after that; and at ten P.M.—that is, five hours later—the condition of matters was as follows. Pains occurred every two or three minutes. They were good pains. The os was dilatable, and nearly fully dilated. The head was in the middle of the pelvic canal—not pressing on the perineum. There was nothing unusual about the case as regarded the presentation, and there was no reason to believe that the head was of unusual size, or that there was anything to prevent the labour going on properly; no prolapse of the funis—nothing to complicate the labour. The bowels had been freely opened, and the bladder was quite empty. After the pains had lasted for some little time, occurring at intervals of two or three minutes, they began to wear off, and became less frequent; and at two A.M.—that is to say, four hours later,—and when the labour had lasted (dating from the commencement of the regular pains) nine hours, the condition of matters was this: The head had advanced very little indeed; the pains were recurring at intervals of from ten to fifteen minutes only; the patient was rather weary, and complained of the tediousness of the labour, but nothing beyond this. The uterus had now ceased to act efficiently, and the labour was for the most part arrested, the cause of the delay being simply a want of action on the part of the uterus. Possibly the size of the head was a little above the average, but of this I have no note. The condition presented by the patient at this period, after nine hours of labour, is that to the consideration of which I desire to direct your attention, with a view of eliciting some instructive conclusion therefrom.

What is to be done? What are the principles which are to guide you under such circumstances? Cases of this kind are perplexing to the beginner. The reflections which would naturally occur to him under such circumstances would be: Is it proper to hasten the labour? What will be the danger of waiting? How will the delay affect the child, and how will it affect the mother? A further item in the consideration would be the desirability of concluding the labour at the earliest time possible consistent with perfect safety to the mother and child, in order to save the patient's suffering and the practitioner's time.

I shall now briefly consider the question as to the effect of delay (1) upon the mother and (2) upon the child. For it is obvious that if by delay—other things being equal—an element of danger to the mother or child is brought into play, such delay is neither desirable nor justifiable.

1. *What is the effect of delay upon the mother?* It was the belief of the older authors and practitioners that delay was quite innocuous so far as the mother is concerned. Thus Denman says: "It is an old observation, confirmed by daily experience, that after the completion of slow or lingering labours, patients usually recover better than after those which are quick, not to mention that they are less liable to the untoward accidents which precipitation may immediately produce." Delay was, as you perceive, considered rather beneficial than otherwise, but the danger of a precipitate labour was thought to be great. There can be no question, not only that this danger was very much over-estimated, but that another evil—the danger of delay—was entirely overlooked. It was stated by Osborne, another respected authority in midwifery, that women recovered as well after long lingering labours, the duration of which may have been extended to several days, as after the easiest, quickest, and the most natural delivery. These opinions have guided practice for many years, and they have their influence in the profession at this day to a very considerable extent indeed. Professor Simpson was, I believe, the first to attack these doctrines. His attack was based on an examination of the facts collected in the Lying-in Hospital in Dublin, where for some years past facts relating to numerous deliveries have been accurately and carefully recorded. Examining Dr. Collins' statistics, Dr. Simpson found that the mortality to the mothers bore a direct proportion to the number of hours they had been in labour. Thus where the labour lasted from seven to twelve hours, the mortality was 1 in 80; whereas where the labour extended over a period of from twenty-five to thirty-six hours, it was 1 in 17; and in cases of thirty-six hours and upwards, 1 in 6.

To illustrate this point further, I will take the statistics of Drs. Johnston and Sinclair, also from the Dublin Lying-in Hospital, at a later period. In upwards of 11,000 cases of labour under twenty-four hours in duration, the mortality was 0·56 per hundred—that is to say, rather more than one in every 200. But in the labours the duration of which was over twenty-four hours, of which there were 247, the mortality was 4·8 per cent., about nine times greater than the mortality in the labours of twenty-four hours' duration.

Then take another series of cases observed by Drs. Hardy and M'Clintock, also in the same establishment. In this series there occurred 171 labours the duration of which was over twenty-four hours, and the mortality was 7, or four per cent.

These two latter series of observations, therefore, very closely agree in their results, showing, as far as figures will show, what the effect of mere duration of labour is upon the mortality of the mothers, so far as these cases are concerned. Dr. Simpson laid down the law that labour must be considered as injurious to the mother in direct proportion to the duration; and so far as those figures go, you perceive the law appears to hold good. But I believe it would be a mistake to draw a conclusion from these figures to the extent which they indicate; in other words, it does not appear that the mortality to women in childbirth arising from mere duration of labour is so great as the foregoing figures would seem to show.

Why is it that the mortality is excessive in these cases? There are several things to be borne in mind. In the first place, many of the women died from puerperal fever, an affection more liable to occur in hospitals than in ordinary practice, and which appears to attack almost equally women who have been a long or a short time in labour. Thus of 48 deaths in Dr. Collins' practice, where labour extended over twenty hours, 12 occurred from puerperal or typhus fever; some few others occupy a debateable ground; and although there is quite enough to show (9 cases of death from ruptured uterus, for instance) that duration of labour affected the patients most injuriously, the extent to which this is true is not so great as it has been represented to be. These figures show, and show most indubitably, that the effect of delay upon the mother is frequently disastrous, yet that effect is not so great as appears from these figures. We should not expect in private practice to meet with so high a mortality from tedious labour; and if we look at the records of those private practitioners with whom the axiom of allowing Nature to take her own course is most fully acted upon, or who use only mild measures for the purpose of hastening labour, we find, it is true, that very few patients die. In the practice of midwives, also, interference is not generally carried to any great extent, and yet the mortality is very well known to be small.

There are other points, however, which are not brought out by these figures, which must also be considered, and which rather tell in favour of the doctrine that delay is an element of danger. The statistics of the deliveries in the Dublin Lying-in Hospital give no information as to what takes place after the patients have left the hospital, and how far the subjects of long labours become thereby injuriously predisposed to subsequent disease and death is, of course, not shown. Again, certain accidents—the effects which result from tedious labour—from labour unduly prolonged, are many and various. The production of fistulous communications between the bladder and the vagina is frequently—generally, I believe—due to tedious labours—labours prolonged beyond a proper period. In many such cases instruments used to complete the delivery so protracted have very unfairly been put down as causing the fistula. In most of these cases I believe the fistulæ have resulted, not from the use of the instruments, but from the pressure to which the parts have been subjected previous to their employment. Rupture of the uterus is, perhaps, one of the most serious of the results of protracted labour, and the more so as the rupture occasionally occurs when the labour-pains are not apparently very severe.

The protraction of convalescence after a long lingering labour is, undoubtedly, a consideration to which less importance has been attached than is owing to it. Individual experience has shown that, when labours have been long and lingering, patients do not recover so well as when the labours have been of moderate duration; and although many cases might be adduced in which women have recovered exceedingly well after long labours, yet for ten cases, perhaps, in which such good recovery takes place, we should find that there are one or two in which the fact is very much the reverse. This point has been very well argued in a most interesting and important paper, "On the more frequent Use of the Forceps in Obstetrical Practice," by Mr. P. Harper, in vol. i. of the "Obstetrical Transactions."

The conclusion must be accepted, that, on the whole, so far as the mother is concerned, delay beyond a certain point is dangerous and productive of inconvenience.

2. *The effect of delay upon the child.*—The records of the Dublin Lying-in Hospital supply very important information in the attempt to solve this question, and these records have been already turned to this purpose by Dr. Simpson and Mr. Harper. Thus in 11,874 labours recorded by Drs. Johnston and Sinclair, of which the duration was *under* twenty-four hours, there were 206 children still-born; of these, 120 were putrid. With the deaths of the latter the duration of labour had of course nothing to do. Excluding the "putrid" cases, therefore, the mortality was 0·7 per cent.—rather less than one in a hundred. Compare this result with that of cases in which the duration of labour was *over* twenty-four hours. There were 247 cases under this category; 198 children were born alive, 49 dead: the still-births amounted, therefore, to 19 per cent. These figures, 0·7 and 19, represent the different effects upon the child of the labours under twenty-four hours in duration and of labours over twenty-four hours: less than one in a hundred in the one case, nineteen in a hundred in the other. In another series of cases, those of Drs. Hardy and M'Clintock, we get a still more striking result. In 171 cases of labour of over twenty-four hours' duration the mortality was 29 per cent. One or two only of these were putrid.

A further interesting series of results I have obtained from Drs. Johnston and Sinclair's data, giving information as to the effect of duration of labour on the child at different hours under twenty-four. From the table in question it will be seen that there is a progressive increase of the mortality to the child as the labour increases in duration from one to twenty-four hours. The per-centage of deaths is 0·9, 0·01, 0·2, 0·3, 0·7, 0·6, 0·7, 0·7, 0·6, 0·2, 0·7, 0·7, 0·7, 1·0, 2·2, 2·6, 3·0, 0·6, 0·1, 2·3, 1·8, 0·0, 6·2, 2·6, respectively, for each hour from one to twenty-four. The irregularity in progression towards the end of this series is produced by the comparatively small number of cases on which the per-centage is calculated. For instance, of labours of twenty-one hours' duration there were only 54; whereas of labours of six hours' duration there were 1375. Statistics and figures are open to great fallacies unless they are properly considered and weighed, and this is an instance of the truth of that observation.

There is just another point which requires illustration. It is a sort of axiom in midwifery, that as long as the waters are unbroken the child is safe. I gather, however, from a series of cases recorded by Dr. Churchill, that there is a certain amount of danger from protraction even in the first stage of labour, and with membranes unruptured. Thus of 143 women in whom labour extended over twenty-four hours, the delay being constituted chiefly by protraction of the first stage, the mortality to the children was rather high—six per cent. Dr. Churchill apparently fails to perceive that this result is contradictory of the view generally taken on this subject.

The general conclusion regarding the effect upon the child cannot be otherwise than this, that delay is dangerous in proportion to the length of the labour. A due recognition of the nature and extent of this danger is of great importance to all engaged in the practice of midwifery.

In deciding as to the propriety or the reverse of interference in a case which threatens to be a protracted one, these two elements, the effect of delay upon the mother and upon the child, are associated together. It may be laid down as a principle for guidance in practice, that delay, even in the first stage of the labour, where the pains are slow, and within twelve hours, is slightly dangerous to the child, and that its effect must be watched. This can only be effectually done by listening for and counting from time to time the sounds of the fœtal heart. After twelve hours' duration, with the head below the pelvic brim, the danger becomes greater, and beyond twenty-four hours the life of the child is very greatly imperilled by the protraction of the labour.

Another principle which I believe to be a sound one as a guide for practice is the following: if about the end of the first stage of labour—in such a case, for instance, as that which I described at the beginning of the lecture, where labour had lasted nine hours—the pains, having become quick (three minutes interval), fail in effecting their object, the labour ceasing to progress actively, the head remaining in the pelvic canal and under the circumstances which have been detailed, the best practice is to endeavour to hasten the delivery. It is best to do so because danger to the child is liable to arise from pressure, disturbance of the circulation, and other circumstances incident to the present position of the head in the pelvis. As regards the mother the danger is not very great, unless the pains be still frequent, in which case possibility of rupture of the uterus must be kept in view; but, as shown by the statistics already given, the danger of this and of other injurious results becomes greater as time advances. In most cases there is, I believe, a greater liability to hæmorrhage after lengthened labours; for the uterus, wearied by continued efforts, becomes relaxed after the labour has ended. Under such circumstances there seems to be greater liability to various puerperal accidents, which have been already enumerated, and the convalescence may be very protracted. A further reason for expediting a labour advanced to this point and arrested, is that it does not appear to be natural for labour to be so delayed at this juncture. In a healthy, strong, vigorous woman, enjoy-

ing ordinarily good health, we do not find interruption to the progress of the labour occurring at this point; and such interruption is, I believe, due, when observed, to some abnormal element in the case. If, therefore, the patient be so unfortunate as to be unable, unassisted by art, to end her labour in the reasonable and average time, this appears to be a reason for giving her our assistance. The labour may be ended after some hours' delay by the "natural efforts," it is true, but the efforts in question produce an "unnatural" effect on the patient. The particular case above described ended, it may be stated, naturally, after a duration of sixteen hours. Convalescence was a very protracted one, and the result was such as to justify the correctness of the principle which I have endeavoured to lay down.

The principle of action of the older writers has rather favoured delay than otherwise, but I think it must be obvious to anyone attentively considering the facts which I have brought before you that that principle is neither true nor safe. In individual cases, the course of action to be taken must necessarily vary, but a principle, provided it be a sound one, will always prove of assistance whatever the circumstances may be. Having this principle to start with, and knowing and appreciating correctly the eventualities before us, we shall be prepared to deal with particular cases in a manner advantageous alike to the patient and ourselves.

ON DIVISION OF THE CILIARY MUSCLE.

WITH CASES.

BY HENRY HANCOCK, ESQ., F.R.C.S.,
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IT was my intention to have related the annexed cases, showing the result of the operation of "division of the ciliary muscle" in certain diseases of the eye, without any observations, had it not been for statements which have been made in the *Dublin Quarterly Journal* for February, p. 112, and which, if uncontradicted, would have the effect of depriving me of the credit of originating that operation. It is quite true that similar assertions have been made elsewhere, but they have emanated from those who, on the one hand, have strenuously opposed the operation without giving it a single trial; and, on the other hand, from those who, having been thwarted in their endeavours to appropriate the credit of its introduction to themselves, consider it in accordance with the dictates of truth and honesty to turn round and condemn it altogether, and declare that it is not original—that it is merely a revival of the exploded method of "paracentesis" of the eyeball. I have hitherto passed by the attacks of such opponents as unworthy of notice; but when a gentleman comes forward and candidly acknowledges that he had been inclined to give the operation his most strenuous opposition, and to laugh at the idea that simple division of the ciliary muscle could effect any benefit in such diseases as glaucoma and irido-choroiditis, but that, having tried it in several cases, he has found the results so satisfactory that he is determined to give the operation a full trial; when, I repeat, this gentleman goes on to assert that, after all, this operation is not original, and endeavours to support this assertion by reference to an author of the highest authority, the case is altogether different, and I now unhesitatingly offer a few observations to controvert these statements, and to prove how incontestably erroneous they are.

Referring to the operation of "section of the ciliary muscle," the reviewer of Mr. Hogg's work, on "Ophthalmoscopic Surgery," in the *Dublin Quarterly Journal*, observes: "A very short time ago we would have taken very strong ground indeed in advocating the advantage of iridectomy in either glaucoma or irido-choroiditis, and, perhaps, a smile of considerable doubt might have been seen playing about the corners of our mouth when speaking of "section of the ciliary structures" as a substitute for it; but we have lately had opportunities of testing both operations, and our results, from simply plunging a narrow-bladed knife into the eye through the ciliary structures, have been so satisfactory, that we feel determined for the future to give full trial to this operation before having recourse to the more serious proceeding of iridectomy." He continues: "Division of the ciliary muscle and ligament is, however, no new operation. .....The old paracentesis oculi was simply a division of the ciliary structures, and all the advantages which the older ophthalmologists derived from paracentesis were, we believe, deducible from the fact, that in performing that operation they divided the ciliary structures, as can be seen by the following directions for its performance, taken from Mackenzie.....The puncture should be made with a broad iris knife at the usual place of entering the needle in the operation of couching. The instrument should be pushed towards the centre of the vitreous humour, turned a little on its axis, and held for a minute or two in the same position, so that the fluid may be allowed to escape;.....thus, of necessity, dividing the ciliary structures."

I thank the reviewer for this frank declaration of his experience, but I must be excused for dissenting *in toto* from his propositions. I assert that "section of the ciliary muscle" *is* a new operation, and that it had never been practised as a curative method in diseases of the eye before I introduced it to the notice of the profession.

I deny that "section of the ciliary muscle" and the "old paracentesis oculi" are identical; and I also deny, not only the *necessity*, but the *possibility*, of dividing the ciliary structures in "paracentesis oculi," performed as directed by Mackenzie. The reviewer ought at least to have stated with something like precision the spot indicated by Mackenzie for making the puncture, and the reasons which that gentleman assigned for recommending it; but this he does not do. The puncture, we are told, "should be made at the usual place for entering the needle in the operation of couching;" but whether it is to be made at a twelfth, an eighth, a sixth, a fourth part of an inch, or at any other distance from the cornea, is left to the imagination of the reader. In the absence, therefore, of this information, I would refer to the fourth edition of Mackenzie's work, p. 779, where, describing the operation of couching, he says: "The needle is to be entered at the distance of *one sixth* of an inch behind the temporal edge of the cornea. If this rule is not attended to, but the instrument is entered either much nearer to the cornea or much farther from it, the *ciliary processes* in the one case, and in the other the retina, can scarcely escape being injured." Whilst antecedently, at page 778, he states: "The parts which must be wounded (in couching) are the conjunctiva, sclerotica, choroid, and vitreous humour. The parts to be *avoided* are, the *ciliary processes*, the retina," &c. Mackenzie also points out that the needle should be directed towards the centre of the vitreous. So that, whilst paracentesis oculi and the first steps of couching are the same, it is very evident that division of the ciliary structures is one of the principal points to be guarded against in both these operations. And I would ask how the ciliary muscle and processes can be divided by entering a broad iris knife one-sixth of an inch from the cornea, and directing its point towards the centre of the vitreous humour? It is anatomically impossible. Moreover, the non-identity of the two proceedings is still further illustrated by their results; since Mackenzie (page 899 of the same edition), after describing the operation of puncturing the sclerotic, adds: "A *transient* amelioration of vision, as well as relief from pain, is *sometimes* the result of the operation." Whereas experience has proved the results of division of the ciliary muscle to be lasting, patients upon whom I operated nearly four years ago being still in the enjoyment of their recovered sight.

(*To be continued.*)

REMOVAL BY LIGATURE OF LARGE SUBCUTANEOUS NÆVI WITHOUT LOSS OF SKIN.

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NÆVI may be divided into three classes—the cutaneous, the subcutaneous, and the mixed;* and as each of these requires different treatment, a correct diagnosis is of essential importance. Moreover, the nævi of each class vary so much in structure, form, and position, that no one method of treatment is applicable to all; and, in fact, it is often requisite to use various modes of treatment in the same case.

* The mucous surface (as on the lips, tongue, eyelid, vagina, &c.) is subject to like conditions, which may be classified in a similar manner. Other structures are sometimes the seat of this vascular disease, but then the supplying vessels are usually larger and the tumour more distinctly pulsating.

Although it is probable that the majority of nævi would disappear spontaneously, there is perhaps no malformation or disease which is more frequently subjected to operations in children. But in general the friends are too impatient and the surgeon is too zealous to afford nature a chance. In hospital and dispensary practice I have had many of these tumours under my care, and have attentively watched several cases in which they have disappeared without active interference, as the children grew older. In the subcutaneous or areolar nævus this spontaneous disappearance seems to be less common than in the other varieties; but during the last two years I have been watching with much interest a pure case of subcutaneous nævus of the scalp, in which nature is slowly and painlessly effecting a cure. Doubtless the tumour is undergoing degeneration and absorption; for, from month to month, there is less and less of the soft spongy mass to be felt, and the skin covering the tumour becomes looser. Of late I have abstained from operations except in those instances in which the nævi continued to increase steadily, or where the impatience of the relatives gave me no alternative.

It is not my present intention to criticize the very numerous expedients which have been suggested for the removal or cure of nævi; but I wish shortly to refer to a plan by which such of these tumours as are entirely subcutaneous may with ease and certainty be cured by ligature, without destruction of skin or production of an unsightly cicatrix. I shall therefore describe a case of this kind, together with the mode of cure; and then state what appear to me to be the advantages of the method of operating which I was led to adopt.

Elizabeth S——, a fine child, aged two years, was brought to me in November, 1862. On examination, I found, about an inch and a half above the umbilicus and a little to the left of the linea alba, a large globular swelling with its long diameter directed upwards. The skin covering the tumour was natural in appearance. When grasped between the fingers and thumb the substance of the swelling felt soft, doughy, and elastic. It appeared that by firm pressure the tumour might be reduced in size; but when the child cried the swelling became tense and hard, and perhaps also a little darker in colour. Evidently the case was a well-marked example of subcutaneous nævus. I directed that a truss which had been worn, under the mistaken notion that the swelling was an umbilical rupture, should be laid aside. I watched the case during the next three months, and became convinced that the mother had good grounds for her belief that the tumour was rapidly increasing in size; and I therefore yielded to the urgent request of the parents that I should operate for its removal. The size and appearance of the nævus at the time of operation are represented in Fig. 1.

On the 19th February, 1863, Mr. H. Philpott administered chloroform to the child, and, with the valuable assistance of Mr. H. Blaker, I operated in the following manner:—

Fig. 1

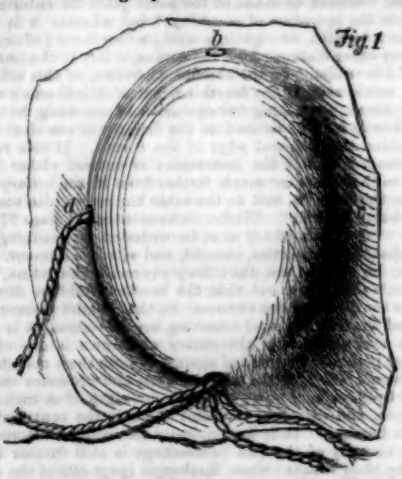

Fig. 1 represents a nævus of the subcutaneous variety. The object is to remove the abnormal structure by ligature, without destroying the healthy skin. In this figure all the steps of the operation are supposed to have been performed, except the tightening of the ligatures.

Fig. 2

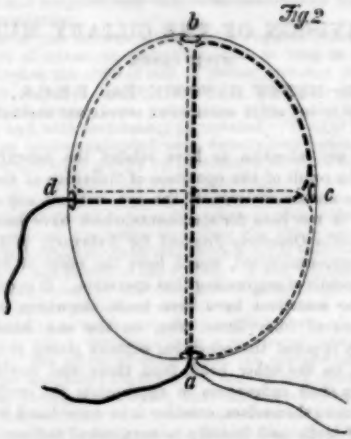

Fig. 2.—Diagram to show the mode in which the ligatures include the tumour.

The operation.—The needle (Fig. 3), armed with a double thread of very strong silk, transfixes the base of the tumour from *a* to *b*. The silk emerges at *b*, and is thence drawn out

Fig. 3

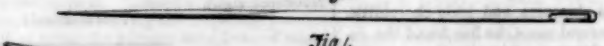

Fig. 4

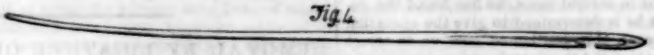

Fig. 3.—Needle for carrying the silk through the tumour by transfixing its base.

Fig. 4.—Silver probe for carrying the silk round the circumference of the tumour, close under the skin. To facilitate the threading and unthreading of the needle and probe, each is made with the eye open at the side.

and cut close to the needle. The left hand thread is then slipped through the eye of the probe (Fig. 4), and carried round the tumour close under the skin from *b* to *d*, where it again emerges. It is now attached to the needle, and passed across the base of the tumour from *d* to *c*. Thence it is again conducted under the skin by the probe, and finally brought out at *a*. It is evident that 2-4ths of the tumour are enclosed by this thread, which, for the sake of clearness, is represented in the diagram (Fig. 2) by the thin-dotted line.

The second thread (represented by the dark-dotted line in Fig. 2) must now be attached to the probe, and carried under the skin to *c*, and then by the needle through the base of the tumour to *d*. The noose so formed includes the remainder of the tumour, and the thread may be tightened over an incision through the skin from *d* to *a*, made for the purpose of providing an exit for the slough of the nævus; or both ends of the second thread may, like the first, be brought out and tied at the point *a*. I am now disposed to think that the incision from *a* to *d* may be dispensed with, for there does not seem to be much difficulty in the separation of the slough, of which the chief portion finds a ready egress with the steady discharge of pus from the apertures in the skin. Whatever of indurated swelling remains, after the separation of the ligatures and the healing of the wounds, is gradually removed by absorption.

There was hardly any bleeding, as the silk filled the punctures made by the needle. On tightening the ligatures, the tumour was rendered more prominent and very hard, and the skin was slightly puckered. As on the third day the child

was feverish and restless, and the skin red and swollen, poultices were applied. A healthy discharge of pus was soon established. On the tenth day, in order to hasten the separation of the ligatures, which had become loose, a piece of bougie was passed through the loop of each, and the portions of the base of the tumour encircled by the silk were from day to day constricted by torsion. On the fifteenth day the whole of the base of the tumour had been cut through, and both ligatures came away. After this the discharge gradually diminished and the wound healed satisfactorily. The child did not suffer in health or appearance. On examining the little patient on December 21st, 1863, ten months afterwards, the tumour was found to be gone, and no trace of the operation could be seen, except a very faint white cicatrix marking the line of incision (*a d*, Fig. 1). It is evident that subcutaneous nævi on the face or any other conspicuous part of the body may be cured in the same manner; and as there need not be any destruction of skin, there will be no enlarging cicatrix,—for it is too often forgotten that cicatrices grow.

When I operated as above described, I was not aware that a like method had been previously adopted by anyone, but some months afterwards Mr. Birkett referred me to the record of a case of subcutaneous nævus which he had endeavoured to cure after a somewhat similar manner.* If, when one fancies he has hit on some improvement in medical or surgical practice, he but take the trouble to search the records of our art, he will probably find that his ideas have been anticipated; and indeed it would be surprising if such were not generally the case. Accordingly I find that Professor Pitha,† Mr. Curling,‡ and Mr. Adams§ have each tried a plan resembling that which I have described, but apparently with very uncertain results. I believe that the want of success which attended most of their operations may be attributed to the circumstance that the ligatures were conducted round the nævus under the skin by a sharp-pointed needle. Now it seems evident that in the attempt to encircle the subcutaneous structure in this manner a portion of the vascular tissue is more likely to escape the ligature than would be the case if a probe were used. For the sharp point of the needle cannot be guided close under the skin without risk of piercing it; whereas the point of the probe can be pressed firmly along the under surface of the skin, so that none of the vascular structure of the nævus is likely to escape being included in the noose of the ligature. And it is clear that any portion of the vascular tissue may suffice to carry on such an amount of circulation in the tumour as may result in the re-establishment of the disease.

It also appears to me that when the growth is of large size its base can be more thoroughly strangulated by dividing it into four portions, a plan which does not seem to have been hitherto attempted in the treatment of subcutaneous nævi.

Finally, I may remark that, although the operation which I venture to recommend seems complicated on paper, it is simple in practice. As the needle and probe have each the eye open at the side, the threading and unthreading is accomplished very quickly and easily.

Brighton, February, 1864.

* Mr. Birkett: Guy's Hospital Reports, 2nd series, vol. vii., part ii., 1851, p. 294.

† Professor Pitha: Vierteljahrschrift für die Prak. Heilkunde, Prag. 1847. Quoted by Mr. Birkett.

‡ Mr. Curling: London Medical Gazette, new series, vol. x., January 25th, 1850, p. 132.

§ Mr. Adams: The Medical Times, new series, vol. ii., February 15th, 1851, p. 173.

HENRY ROSE, THE LATE PROFESSOR OF CHEMISTRY OF BERLIN.—This eminent philosopher, who died at Berlin on the 28th of January last, had, like his father and grandfather, devoted his life to chemical study and investigations. He had studied with great success under Berzelius at Stockholm, and had begun as private teacher at the University of Berlin. Since 1835 Henry Rose had occupied the chair of chemistry, and few professors have laboured so successfully. We have from him more than 200 papers on the different branches of inorganic chemistry, a few researches on organic chemistry, and a complete treatise on chemical analysis, which was published in 1820, and has run through six editions. This work has been several times translated into French and English, and the author himself published a French edition in 1861. To Rose is due the discovery of the new simple body niobium. He was a member of the Academy of Sciences of Berlin, and corresponding member of almost all the learned societies of Europe.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum, et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

STONE IN THE BLADDER FOR UPWARDS OF FOURTEEN YEARS, WITH ENLARGED PROSTATE, RELIEVED BY DIFFERENT OPERATIONS, THE FINAL ONE PROVING FATAL.

(Under the care of Mr. CURLING.)

THE notes of the following case were reported by Mr. Gray, the patient's dresser. The various peculiarities associated with it, more especially the removal of a stone on several occasions, and the complication of an enlarged prostate gland, render it one of extremely practical interest.

Rev. Wm. W——, aged sixty-eight, a clergyman in impoverished circumstances and feeble health, was admitted into the above hospital on January 12th, 1864, with symptoms of stone in the bladder, from which he had been suffering for two or three months, latterly severely. He first came under the notice of Mr. Curling for stone in the bladder in 1850, fourteen years ago, when that gentleman crushed a large stone; but owing to great enlargement of the prostate gland, the patient was unable to void the *débris*, which was removed with the scoop lithotrite in eight operations. In 1854 he was re-admitted into the hospital with another stone, which Mr. Curling crushed, and removed the fragments, as before, with a scoop in repeated sittings. At this time the prostate had increased in size so much that he was always obliged to relieve his bladder with a catheter. In October, 1861, he was again taken into the hospital on account of a stone, which was got rid of in four operations, and he was discharged free from all symptoms, and he remained so till a few months ago. He stated that he had been in the habit of using a catheter daily for the last nine or ten years. For several years he has had chronic bronchitis, which became somewhat worse a few days after admission, and delayed any operative interference. He was ordered six ounces of wine and compound cascarilla mixture.

On Wednesday, Jan. 27th, the patient was brought into the theatre, and the bladder having been injected with water, Mr. Curling introduced the lithotrite; but in consequence of the great size of the prostate, considerable difficulty was experienced in getting at the stone. This was at length effected by turning the blades downwards; but the stone, though seized two or three times readily, slipped from the grasp of the instrument, and was not effectually crushed. Mr. Curling remarked that although he might fully succeed in breaking up the stone at another trial, the difficulties of manœuvring the instrument were so much increased since the last operation, that he should most likely be unable to extract all the fragments afterwards. He therefore decided on performing lithotomy.

This was done by the lateral operation on the following Wednesday, Feb. 23rd, the man being under the influence of chloroform and ether, when Mr. Curling extracted two calculi, one spherical, above an inch in diameter, and a second and smaller one in several pieces. After the bladder had been injected, so as to wash out any remaining fragments, the patient was sent to bed. Very little blood was lost in the operation. He had a rigor soon afterwards; never rallied fully; became worse on the Saturday, and died about half-past six P.M. No post-mortem was permitted. The calculi were composed chiefly of the triple phosphate.

Mr. Curling, in some clinical remarks, observed that this was an unfavourable case for operation, which will be obvious when it is considered that the patient, an old man, aged sixty-eight, had been subject for many years to enlargement of the prostate gland and repeated attacks of cystitis; that he had suffered from stone for more than fourteen years, with long intervals, however, of relief after repeated operations; and that he came

into the hospital with his health further impaired by chronic bronchitis. Mr. Curling was unwilling, indeed, to undertake the operation; but the patient's sufferings were so severe, that he had come up from a long distance in the country to be relieved, and expressed a strong wish to have something done. There was much reason to conclude that the kidneys were diseased, but there was no opportunity of ascertaining this point by an examination. Though the patient survived the operation three days, he may still be said to have died from the shock of it to the system. No acute or local symptoms were developed, but he never rallied satisfactorily.

ROYAL FREE HOSPITAL.

FIVE CASES OF VESICAL CALCULI; LITHOTOMY IN THREE, AND URETHROTOMY IN TWO CASES; SUCCESSFUL RESULTS.

(Under the care of Mr. WAKLEY.)

THE frequency of stone in the bladder varies much at the different metropolitan hospitals. Those occurring amongst children are, for the most part, residents of the metropolis, and the majority of adult cases come from the country. This would imply either that stone is a rare malady in London, or that it is easily detected in the young, and timely extraction obviates the risk of reaching adult life with a stone in the bladder. It is well known to surgeons that calculus forms in the bladder of adults in the course of a few years without there having been any symptoms in youth—as in the example recorded further on in University College Hospital under the care of Mr. Erichsen.

The circumstance of five cases of stone in the bladder presenting themselves for treatment within a period of five months is unusual.

Of the cases which follow, it is most probable that in the first one the stone was congenital, as the child had been ailing since birth with bladder symptoms; and if the jaundice and the tenderness over the liver after the operation were the result of a temporarily impacted gall-stone, the clinical value of the case is much increased. The simulation of peritonitis in the second case was not less interesting as depending upon worms; and the depth of the perineum in the third case is almost unprecedented in a child of the age of four years.

For the notes of the following cases we are indebted to Mr. John Foster, house-surgeon to the hospital:—

CASE 1.—Robert B——, aged three years and a half, admitted on the 5th of October, 1863, suffering from symptoms of stone in the bladder, which had been present almost from the time of his birth. The patient was a weakly, strumous child, and from the irritation of the calculus was debilitated to a great extent.

On the 6th of October, the boy being under the influence of chloroform, the lateral operation was performed by Mr. Wakley, and a calculus extracted. The size of the stone was that of a bean; its composition lithic acid.

On the 14th of October he had an attack of jaundice, which much retarded his recovery. The liver was found to be enlarged, and there was great tenderness over the hepatic region. The jaundice was treated by small doses of mercurials; wine was freely administered to restore his failing strength; and under this treatment he slowly recovered.

The urine passed through the wound for exactly a month, the wound nevertheless healing and contracting.

On the 6th of November the urine suddenly passed through the urethra, and continued to do so. The wound soon healed, and the patient was discharged well on Nov. 16th.

The points of interest in this case are: the length of time that the urine continued to escape through the perineum, which fact may be accounted for by the urethra being blocked up by a plug of lymph or blood, which gave way suddenly as the pressure of the urine was increased by the healing of the wound; and the occurrence of jaundice, apparently due to the presence of gall-stones, which have occasionally been found to coexist with vesical calculi. It is not improbable that in this case impaction of a gall-stone was the origin of the jaundice.

CASE 2.—Samuel S——, aged seven years, of Luton, Bedfordshire, was admitted Nov. 28th, 1863, with symptoms of stone in the bladder. He had been suffering from symptoms of irritable bladder between two and three years, was delicate looking, and had phimosis. When admitted he had a good deal of pain in the penis, with irritation under the prepuce from constantly pulling it forwards. He had occasionally passed blood in his urine. A stone was detected in the bladder on introducing a No. 6 sound.

On Dec. 17th the patient was placed under the influence of chloroform, when Mr. Wakley performed the lateral operation of lithotomy, and removed a mulberry calculus, about the size of a large mulberry. The operation was attended with little or no bleeding.

On the 18th symptoms simulating peritonitis set in. The patient was very feverish and sick, and there was considerable tenderness over the abdomen. These symptoms, however, disappeared on the boy vomiting a large worm (ascaris lumbricoides). Scammony powder was administered, and he passed one or two more.

From this time he continued to progress satisfactorily, and the urine passed entirely through the urethra on the eighteenth day after operation.

The patient was kept up by good food and stimulants, and was discharged quite well on Jan. 20th.

CASE 3.—Samuel D——, aged four years, admitted Nov. 11th, 1863, with symptoms of stone in the bladder. He had pain at the end of the penis, and was in the habit of pulling the prepuce forwards. There was much difficulty of micturition. On introducing a sound, a calculus was detected.

The patient, a remarkably stout child, was placed under the influence of chloroform on Dec. 17th, and a calculus, consisting of urate of ammonia, weighing two drachms, was removed by Mr. Wakley by the lateral method. This child had a remarkably deep perineum.

On the 18th there was an inflammatory blush round the wound, and the patient was feverish. The urine passed partly through the urethra and partly through the wound; the finger was introduced into the latter, and a large quantity of urine escaped.

The urine continued to escape entirely through the wound until the tenth day, when it passed wholly through the urethra.

The point of special interest in this case was the great depth of the perineum (two inches and a half) in so young a child. His recovery was retarded by an attack of acute bronchitis, from which, however, he soon recovered, and was discharged cured on Jan. 22nd.

CASE 4.—Robert P——, aged two years and a half, admitted Feb. 14th, suffering from symptoms of stone in the bladder. He was irritable and fretful from the constant difficulty of micturition; and when admitted, a sound was introduced into the bladder, and the presence of a calculus made out.

On the 15th, as Mr. Wakley was going round the wards, the child was seized with retention of urine. A catheter was therefore passed to relieve him, when it encountered a calculus immediately behind the bulb of the urethra. With his left hand Mr. Wakley fixed the stone, and cut down upon and removed it. The boy recovered without a bad symptom, and went out a week afterwards. The calculus was composed of lithic acid, and was of small size.

CASE 5.—John H——, aged two years and a half, was admitted Feb. 23rd with retention of urine. On examination, a calculus was discovered firmly impacted in the urethra, about an inch from the external orifice. The stone was fixed by the finger and thumb, and an incision was made over it through the under surface of the glans, and the stone removed. The wound healed by the first intention, and the little patient was discharged in two days, quite well.

UNIVERSITY COLLEGE HOSPITAL.

SEVEN TOLERABLY LARGE CALCULI REMOVED FROM THE BLADDER OF AN ADULT BY MEDIAN LITHOTOMY; FATAL RESULT.

(Under the care of Mr. ERICHSEN.)

JONATHAN M——, aged forty-four, was admitted on the 1st of February, 1864. He had enjoyed good health up to four years ago, when he observed that he had to pass urine frequently, but was quite ignorant of the cause. This went on till five months ago, the symptoms getting gradually worse. He then found himself unable to micturate, and when he did the

stream would suddenly stop. He suffered from constant incontinence of urine, the fluid dribbling away, so that all the external parts were extensively excoriated. The patient was submitted to the median operation of lithotomy on the 10th of February, and seven calculi were removed—one the size of a large walnut, of a smooth and oval shape; the others smaller, and possessing several facets. The aggregate weight was twenty drachms and a half; but their size was larger than their weight would have indicated. They were all readily extracted one after the other with comparatively little bleeding.

In some clinical remarks at the time of the operation, Mr. Erichsen observed that his diagnosis in the wards was that there were multiple calculi, and none of them too large to be removed by median lithotomy. The largest calculus had a cocked-hat or chesnut shape; and the case was interesting from there being seven good-sized stones in one bladder. The poor man had been going about at his work up to the present month. The irritability of the bladder amounted to incontinence; and the viscus could not have contained at any time more than two or three drachms of urine, and that was ejected constantly in small spasmodic jerks. The incision in the perineum was carefully made; but the parts were very vascular from the irritation of the calculi. The mere introduction of the sound caused a little bleeding, but nothing of any consequence. The operation was performed in accordance with the principles of Mr. Allarton, who introduced it. His feelings, Mr. Erichsen said, were in favour of the operation in suitable cases; and it was desirable to do it in the manner advised by the originator. It was important also to notch the apex of the prostate, so as to expand the opening into the bladder.

After the operation the patient went on favourably—as much so as could be desired; but on the morning of the fourth day he died suddenly at a quarter to nine o'clock.

Autopsy, fifty-four hours after death.—The abdomen was somewhat distended, but there was no fluid, lymph, or other sign of inflammatory action in any part of the peritoneal cavity. The recto-vesical cul-de-sac of peritoneum was in a perfectly healthy state. There was no sign of pelvic infiltration or inflammation. Both kidneys were rather large, soft, flabby, and pale. The distinction between the cortical and medullary substance was very imperfectly marked. The right kidney was remarkably atrophied; the left was softer and more flattened than the right. The pelvis and infundibula contained pus. The capsule stripped off easily. The bladder was considerably thickened, with purplish-red patches of discoloration over the whole of the fundus, lymph also being deposited upon it and in the prostatic portion of the canal of the urethra. The incision had not passed beyond the limits of the prostate.

Death had occurred from the diseased state of the kidneys, cystitis, and bronchitis, for the lungs were a good deal congested, with evidences of bronchitic inflammation.

LARGE URIC ACID STONE IN THE ADULT; MEDIAN LITHOTOMY; RECOVERY.

(Under the care of Mr. H. THOMPSON.)

We are indebted to Mr. Harding, the dresser, for the notes of this case.

W. L——, aged forty-four, of Saxmundham, Suffolk, admitted Nov. 16th, 1863. For about three years he had suffered from the usual symptoms of stone in the bladder, which had become very severe during the last month or two. He was sounded in the country, and a stone at once detected.

On admission, Mr. Thompson sounded him, and discovered a stone of full size. Introducing the lithotrite, he seized it twice, and found that it measured nearly two inches long, and was proportionately broad. Under these circumstances he proposed to perform lithotomy.

Nov. 18th.—The operator commenced by making a free incision in the line of the raphé from the base of the scrotum to the verge of the anus, and continued the same line of incision to the membranous portion of the urethra, controlling the proximity of the blade to the rectum by retaining the forefinger in the bowel. The membranous portion was then opened under the guidance of the finger, and the prostate gland just notched. The forceps were then introduced, and an oval but rough uric acid stone extracted without difficulty, weighing upwards of an ounce. There was a little bleeding, and the tube was plugged.

20th.—Tube removed; going on well; urine clear.

25th.—Has had no bad symptoms; has been eating meat with appetite.

Dec. 6th.—Rather low; all the urine passes by the wound still; some phosphatic matter has been collecting in its course. To improve the diet, take beer, and have a warm hip-bath night and morning.

12th.—The wound is now clean, and he is in every respect better.

16th.—Most of the urine passes by the penis.

24th.—He leaves for the country to-day, quite well.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MARCH 8TH, 1864.

MR. PARTRIDGE, PRESIDENT.

ON A NEW OPERATION FOR OBTAINING UNION OF AN UNUNITED FRACTURE, WITH REMARKS ON ITS APPLICATION IN CERTAIN CASES OF RECENT FRACTURE.

BY E. R. BICKERSTETH, F.R.C.S.,

SURGEON TO THE LIVERPOOL ROYAL INFIRMARY.

In bringing this subject before the attention of the Society, the author proposed to mention some cases that had occurred in his practice to show the successive steps by which he arrived at the process in question. He had frequently tried, in vain, friction, acupuncture, and subcutaneous division; and though resection of the ends of the bone had been successful in some instances, it was a proceeding involving a considerable risk to life. Dieffenbach's method had proved to be more successful; but this operation, though conducive to the formation of new bone, in no way provided for what was of paramount importance—viz., absolute immobility of the opposing fragments. The large external wound and injury done to the soft parts in introducing the ivory pegs were also objections to this operation. Recognising the happy influence of Dieffenbach's plan of exciting ossific deposit, and at the same time feeling the importance of keeping the ends of the bone in a condition of absolute immobility, the author was induced to try a modification of the operation; and in the case of a man admitted under his care at the Liverpool Royal Infirmary, with an ununited fracture of the radius, he drilled a hole through the ends of both fragments, and, passing a stout wire through it, secured the bone in perfect apposition. Union took place in seven or eight weeks, but on endeavouring to remove the wire, so much traction was necessary that it caused the fracture again to be ununited. This difficulty of removing the wire induced the author to think of some other plan not open to this objection; and in the case of a man with an ununited fracture of the thigh, by means of a common Archimedean drill, he bored two holes in such directions that each passed obliquely through both ends of the fractured bone, and into each introduced a steel rod with a screw at the end. To do this it was necessary to make an incision three inches in length. Much constitutional disturbance followed, the wound suppurating freely. In ten weeks the splints were removed, but no union had taken place. The limb was then confined in gum-and-chalk bandages. Symptoms of pleuro-pneumonia came on, and he gradually sank. A post-mortem examination showed tubercular deposit in the ends of the bone and other parts of the body. There was no attempt at repair at the seat of fracture, except where the drills had pierced the bone, and here there was a deposit of new bone. This proceeding showed that it was quite feasible to fix the bone in the manner described, without exciting too much inflammatory action; and also that the steel rods caused the formation of new bone.

The next case was a fracture of the lower maxilla, where the bones had united in such a position as to render the patient a most unsightly object. As the incision that would be necessary in this instance, for the purpose both of putting the bone into proper position and removing the deformity of the soft parts, would not allow the use of external splints or supports, and as it was found impracticable to effect this object by fixing the teeth by an appliance within the mouth, it was absolutely necessary that some means should be devised by which the divided portions of the jaw could be securely fixed; and it occurred to the author that pegs or nails would answer the purpose, especially as he had already observed their presence caused so little inconvenience. Accordingly, at the operation, the plan just mentioned was carried out, and the apposition of the fractured portions was secured by means of two round-headed nails. They most effectually answered their purpose,

and no external splint or bandage was required. The case did well, no undue action being set up. On the twenty-second day after the operation, one of the nails came away. The patient left the infirmary perfectly well, the jaw being firmly united in its proper position, and the deformity of the soft parts removed. One of the nails still remained in; and the last account states that its presence caused no inconvenience.

The third case recorded was one that presented many points in common with the one just narrated. No external incision was made, and ordinary drill-heads were substituted for nails. The result was everything that the author could have wished.

These cases show how readily and with what good effect fractured bones may be fastened together. Surgeons have ever recognised the use of sutures with regard to the soft parts. Why should we not, in cases of difficulty arising from an inability to keep the surfaces in proper apposition, adopt the same plan with the bones? Might not this process be applicable in some cases where division of the tendo-Achillis is required, or where such an operation as sawing off the ends of the bone is indicated? From a consideration of the cases narrated, Mr. Bickersteth proposed to treat an ununited fracture by passing one or more drills through the broken ends of the bone in such a manner as to secure their perfect immobility, and without making any external wound beyond that caused by the entrance of the drill. The limb should then be secured by properly adjusted splints, and kept at perfect rest. After two or three weeks the drills may be removed, and water-dressing applied to the punctures. For several weeks after, it would, of course, be desirable to continue the use of the splints. In conclusion, the author begged to place upon record three cases of ununited fracture recently treated by his friend, Mr. Fletcher, on the plan that he (Mr. Bickersteth) had suggested, and in each the result had been most satisfactory.

MR. FERGUSSON said that he scarcely remembered to have heard a paper of greater surgical interest than the one just read. It had the merit of bringing out much that was going on in the modern practice of surgery, and he thought the paper would lead to greater improvements in practice. Here was further proof, he continued, of the advantage of wire and metal in instances in which in former times we were loth to use such materials. He had had the impression that ivory pegs, being softer, would be less likely to do harm; but now the author had shown that metal might be safely used. And it had been shown, too, that the commoner metals were as useful as the rarer; that iron wire was as useful as silver wire. In the same way, cauterization by an iron instrument was just as useful as by a gold or silver one. Dieffenbach had used the pegs of ivory to create irritation only, but the author had gone further, and fastened the bones together by pegs of iron. The author had shown that much might be done in desperate cases of ununited fracture. From hearing the cases related by the author, he should consider that the plan was safe, and that it ought to command attention. Mr. Fergusson said that he once saw Mr. Abernethy attempt to pass a seton between the ends of an ununited fracture. Failing to do so, he left a probe sticking in the wound between the ends of the bones. The result was good.

MR. HOLTHOUSE thought the interest of the author's plan was not only in fastening the bone together, but in doing it subcutaneously. This was a great merit, and no doubt would lead to the adoption of the plan and to beneficial results in practice. Mr. Holthouse then gave the particulars of a case of ununited fracture of the humerus under his care at the Westminster Hospital, in which he had adopted the novel proceeding of inserting the sharpened end of the lower fragment into the cancellous structure of the upper, thus imitating an impacted fracture. This plan, however, did not succeed. The case was, however, a complicated one, there being anchylosis of the elbow.

MR. HOLMES COOTE rose to correct what he believed was a very general and erroneous impression as to the views of Dieffenbach. This surgeon used to cut down to the ends of the bones and pass in ivory pegs, with the hope of creating irritation; but, if he could do it easily, he used also to fasten the ends of the bone together. Mr. Coote thought that three classes of cases ought to be distinguished: first, those in which there was union in good time; second, those in which union was simply retarded; and third, those in which union could not be obtained, as the ends of the bones were in a state of fatty degeneration. In the third class no good results could be hoped for.

MR. CURLING regarded the author's plan as ingenious, as a happy application of the modern treatment with metallic substances, and as calculated to be of great service, not only in ununited fractures, but also in compound and in complicated simple fractures, when it was difficult to keep the parts in position. He was struck with the remark in the paper that the author had met with numerous cases of ununited fracture. Though Mr. Curling had been long attached to a large hospital where a great many fractures were admitted, he had seen only a few cases of ununited fracture, and all of them had been brought to the hospital in that condition, most of them being the result of accidents which had occurred at sea. The author, being surgeon to the principal hospital in the chief seaport city in this country, probably met with an unusual number of such cases. Mr. Curling had seen, however, many cases of delayed union, and mentioned two remarkable instances of the kind, one a double fracture of the thigh, which happened at sea seven months before, and might have been considered an ununited fracture, but which got firm in a plaster-of-Paris case. He called attention to a constitutional indisposition to ossific union, independent of the general health, which was manifested in young people as well as in adults, and gave an instance in point of long delayed union in a fracture of the tibia in a girl.

MR. BARWELL, while agreeing with what had fallen from Mr. Holmes Coote concerning the degenerated condition of bones, considered that such condition was the result, more frequently than the cause, of non-union. It was a law of animal nature that any organ losing its function should degenerate. Thus when a bone lost its power of support, the surrounding muscular pressure and other conditions of its healthy life, it would surely degenerate; but until that degeneration had reached a high point it might still be restored. A remarkable case had occurred to him lately, which would also show that in certain instances the admirable plan proposed by Mr. Bickersteth would be unavailing—as in cases where the non-union was produced by a large quantity of soft parts intruding between the fractured ends. The case alluded to was as follows: About eighteen months ago a man broke his arm about two inches and a half above the elbow. He was admitted into the Charing-cross Hospital. The fracture united well, and the man was discharged cured. The same night, however, he got very drunk, and broke his arm again, but took no notice of the circumstance, continuing drunk for about a fortnight. Two months ago he again entered the hospital with a broken arm. As Mr. Barwell had been for some time taking the duty of his colleague Mr. Canton, this case came, about a fortnight ago, under his observation, and he determined to operate. The upper and longer fragment was on the outer side, its lower end overlapping the head of the radius. The inner end of the lower fragment was half-way up the inner side of the arm. The movement to and fro of this portion was very considerable; but there was always a wide interval between the two bones, which was occupied constantly by the anterior brachial muscle, sometimes also by part of the biceps, and in certain positions it seemed as though the artery and nerve also got between the fragments. The man having been placed under the influence of chloroform, Mr. Barwell made an incision two inches long over the outer fragment, and, turning out its end, sawed out a wedge-shaped piece, so as to leave an angular gap or notch in the end of the bone. The inner fragment lay so far away from the wound, and in such close proximity to the artery and nerve, that the greatest care was required in getting its end to protrude at the wound. This, however, was accomplished without any untoward accident, and the end was cut into a wedge shape, so as to fit with some degree of accuracy the interval in the upper fragment; traction was made upon the arm, and the two portions fitted together, and with the aid of a splint they retained perfect apposition. A singular condition of bone revealed itself during the operation—namely, that the periosteum on the upper fragment was loose, and could be slipped up off the bone as a man might turn up his shirt-sleeves. This tissue was carefully replaced, yet, on account of this condition of bone, he (Mr. Barwell) could not but look to the issue of the case with some anxiety. The man had had as yet (ten days afterwards) no bad symptom.

MR. C. H. MOORE thought the plan suggested would be valuable in some cases; but there would be some risk to life by tetanus and pyæmia.

MR. HILTON said that, as a surgeon to a large hospital, he must add to the commendations of the other speakers his opinion that the paper was one of great interest, and that the plan was likely to be very useful when ordinary treatment had failed. He (Mr. Hilton) understood Mr. Holmes Coote to say that when there was fatty degeneration of the bone the ends never would or could unite; yet the author had related a case of cure by his plan, although at the operation the bone was soft that a knife was passed through it.

Reviews and Notices of Books.

The Battle of the Standards: the Ancient of Four Thousand Years against the Modern of the last Fifty Years—the less perfect of the two. By JOHN TAYLOR. pp. 93. London: Longmans.

THE author of this little book endeavours to show that the English foot and inch are the true and natural measures of length, and that they have been in use from the very earliest ages. The arguments upon which he relies are drawn from certain measurements which have been taken of the Great Pyramid. The chapter which contains these arguments is, in fact a paper which he offered to the Royal Society, but which was *not* read, as the author says, "because it was thought more proper for the Royal Society of Antiquaries." It does not appear, however, that it was read before even that body. He conceives that the Great Pyramid was built by the Egyptians to prove that they knew all about the form and size of the earth, and to serve as a standard to which measurements might be referred in future ages. He further assumes that this Pyramid was built by Noah's sons or grandsons, and that these measurements were the subject of direct revelation. If this be true, the revelation was, as it often appears to be when treating of scientific matters not very accurate, as the coincidences to which the author calls attention are only there or thereabouts. That the Egyptians knew that the earth was round is *proved* by the fact that the height of the Pyramid bears nearly the same proportion to the sum of its four sides that the radius of a circle does to its circumference. This is, after all, a mere general abstraction, which simply relates to a property of a circle without special reference to the earth or anything else. What seems to be of more consequence is, that an English foot bears nearly the same proportion to a side of the Pyramid as the circumference of the earth does to a hundred thousand millions of English feet. This is to prove, not only that the foot was the *revealed* measure, but that it is a natural and proper one. The same argument may be used in favour of the French metre as a unit of length, as it is the ten-millionth part of the meridianal quadrant of the earth—a relation which is much simpler, inasmuch as it does not require the intervention of the Great Pyramid. It is also suggested, but it is not quite clear on what grounds, that five hundred millions of English inches are intended to be represented in the Great Pyramid, and this number is about the number of inches in the diameter of the earth.

Attention is also called to one or two other measurements of the Pyramid, but the above are the main arguments in favour of this curious theory. The relations may be accidental, or they may be something more. Nothing is said about the other smaller Pyramids, which vary considerably in size. Perhaps they were built with similar objects. Although many hieroglyphics have been deciphered, no copy has yet been discovered of the ancient "Tutor's Assistant." Is this to be looked for in the Pyramids? The Great Pyramid representing "Long Measure," may not some of the small ones represent "Apothecaries' Weight," or "Ale and Beer Measure?" It is a very general opinion that religion was not intended to teach scientific truths, and few will admit the revelation hypothesis. We must therefore suppose that the Pyramids were built by the Mr. Cocker of the period, who published his handbook on the usual scale of Egyptian magnificence.

We have been induced to notice this book because it is professedly written to show the advantages of the present English weights and measures over the French metric system, for the partial introduction of which a Bill is now before Parliament. The recent change in the Pharmacopœia weights and the introduction of this system are matters which will affect the practice of medicine, and on this account we consider the discussion of the subject here not out of place.

The Pyramidal theory does not constitute the bulk of this little book. Of 79 pages, 40 are made up chiefly of articles which have appeared in *The Times* newspaper hostile to the metrical system, containing such arguments as that the decimal system has been a failure in France, because people still order a *douzaine* and not a *dixaine* of oysters, as if a dozen of oysters was a weight or a measure, metrical or otherwise. We were astonished to see this cogent argument repeated in a leader of *The Times* of the 10th instant, in commenting on the Bill for the permissive introduction of this system.

In his preface the author quotes Deuteronomy xxv., 15—"Thou shalt have a perfect and just weight, a perfect and just measure shalt thou have: that thy days may be lengthened in the land which the Lord thy God giveth thee." He deduces from this that, owing to the exceedingly perfect nature of British weights and measures, "England has been blessed with a long and unbroken series of peaceful governments," and therefore "that it is most satisfactory that we still retain the same standards of length, capacity, and weight."

We have heard many theories of the English constitution and the source of British power, both ethnological and political; but that these depend upon the length of the foot or of the inch is a piece of striking originality, and we give the author full credit for it.

VENEREAL DISEASE IN THE ARMY AND NAVY.

THE enormous prevalence of venereal disease in the army and navy which the annual reports of the medical officers of those services disclose, and the immense proportion of disabling and sickness caused by the prevalence of that complaint, have now for some years forcibly arrested the attention of the heads of departments, and perforce attracted the earnest consideration of the highest authorities, as a matter of great national moment. Year after year the detailed reports of the medical officers have displayed more clearly the frightful ravages which venereal diseases occasion—the great amount of sickness due to them—the invaliding to which they give rise, and the very grave breaches which they make in the effective and disposable forces which cost the country so much. The Government, with the view of feeling their way towards some practicable method of meeting the evil, issued a commission more than twelve months since to inquire into the subject, and they made a "confidential report" thereon. The commission consisted of Mr. Samuel Whitbread, Sir J. Liddell, Dep. Insp.-Gen. T. G. Logan, Mr. Tom Taylor, and Mr. E. H. F. Pocklington. Lord Clarence Paget recently referred to the report which they have made as being of a character to demand the most serious attention of the Government; and while it was of such a nature as to render it undesirable to present it to the general audience, it could be placed at the service of individual members who might desire to master the facts. For the members of the medical profession these facts have a very general and deep interest, and the report is one which calls for their earnest consideration. It furnishes a large amount of information, and discusses the regulations which are in force elsewhere with the object of effecting the diminution of enthetic disease, as a main source of sickness in the army and navy.

In the last Army Medical Report it was shown that amongst the home troops, during the year 1859, the admissions into hospital for venereal disease amounted to 422 per 1000 of strength; and during the year 1860, to 369 per 1000 of strength. During these years one-third of all the cases admitted into hospital were venereal. The loss of service from this disease for the year 1860 was equivalent to the withdrawal of every soldier from the strength of the army for a period of more than eight days; or, as Professor Maclean states it, it is equivalent to the withdrawal of two battalions from service in Great Britain every year—equivalent to the annual destruction of £20,000. The greatest amount of venereal disease is found at the prin-

cipal naval ports. Amongst the troops stationed at Portsmouth the admissions for venereal disease amounted in 1860 to 508 per 1000 of strength; in other words, on an average, one man out of every two was treated in hospital as a venereal patient. The admissions amongst the mariners then at Plymouth were proportionately more numerous still, and on board the *Warrior*, on the home station, the *daily* loss of service from venereal disease was at the rate of 32 per 1000 men. Mr. S. D. Wells brings these facts to notice in an able letter, in which he shows that the actual statistical returns do not sufficiently disclose the existing amount of venereal disease in the navy. Then the proportion of scrofula, paralysis, rheumatism, and consumption causing death, and invaliding arising from these causes, is proved to be very large, although it cannot be accurately stated. (See THE LANCET, vol. ii. 1863, p. 428.)

In order to collect the desired information, a series of questions were addressed to commanding officers and to medical officers; and we will give a very brief *aperçu* of these and some of the answers.

The first question is, "Does venereal disease prevail to any great extent amongst the troops?" This brought answers, which may be anticipated from what we have already stated.

From Portsmouth:

"To a very great extent, especially in regiments lately arrived from India, the men having plenty of money. The principal medical officer suggests that these regiments should not be quartered at Portsmouth immediately after their return. Two recently arrived had for nearly a month 40 men per 1000 of strength constantly in hospital for venereal, whilst the number per 1000 in the regiments which had been for some years at home was only 16."

From Woolwich:

"Venereal is the principal disease amongst the troops. On the 11th July, 1862, there were 169 men in hospital with it."

From Cork:

"At least one-half of the diseases under treatment in this district are venereal. The extent of primary disease is generally in proportion to the size of the garrison. In small detachments, the diseased women are more easily known and avoided by the soldiers."

The second question is, "Can you suggest a remedy?" The establishment of Lock hospitals is recommended by the authorities at Woolwich, Chatham, Shorncliffe, Aldershot, Edinburgh, and the Curragh. All agree that these hospitals must be independent of the parish infirmaries, or they will not be resorted to. Chatham, Shorncliffe, Curragh, Newbridge, and Cork urge the inspection of prostitutes. From the latter the recommendations are comprehensive. They include—

"Inspection of prostitutes. Better and more private means of ablution for soldiers. The Deputy Inspector-General is of opinion that at least half of the admissions for primary syphilitic ulcer are the consequence of insufficient ablution. Rational amusements to relieve the intolerable tedium of barracks. The confinement of a soldier for six days to barracks after discharge from hospital; the term to be abridged on his pointing out the woman by whom he was infected: as by law all women may be punished for prostituting themselves, the diseased woman might at once be apprehended and placed under medical treatment. The most frequent source of infection is the gipsy class of prostitutes, who are certainly liable to be imprisoned as vagrants.

"Government should erect Lock hospitals. Grants to workhouse infirmaries are useless, as even the most abandoned prostitutes show extreme repugnance to the poor-house. At Colchester the Government supported a ward of this kind, but nine months after its institution not a single patient was under treatment, although at the time 50 per cent. was the ratio among the troops. The Continental system should be adopted."

The reply from Portsmouth runs:

"It is very difficult to suggest any remedy except medical inspection of the women. Dr. Home suggests that all men in hospital with venereal disease should be subjected to a daily stoppage of twopence more than those whose sickness has not resulted from their own misconduct; next, confinement to barracks for a period not exceeding their stay in hospital, as a punishment and in order to prevent relapse; also, that means should be given to the soldier to enable him to wash his person, which may diminish the chances of infection."

Question 3 is, "Do Lock hospitals exist on the spot or in the neighbourhood?" Only at Portsmouth, where certain wards are set apart; but "if a ship comes in to be paid off, some of the women will leave the hospital though not cured, and there is no power to detain them." From the answers to subsequent questions, it appears that these unfortunate women live frequently at beershops—which are commonly also brothels,—sometimes in lodgings, and sometimes lead a gipsy life in the open air—(Curragh, Newbridge, and Phœnix-park).

In the correspondence accompanying the foregoing answers, the enforced inspection of prostitutes around camps and garrison and naval ports is almost unanimously and urgently recommended, both by military and medical officers of the greatest experience.

Major-General Hutchinson, Western District, says:

"Periodical examination could not offend the most depraved classes of prostitutes, and would act as a check upon the better classes."

Dr. C. A. Gordon, Deputy Inspector-General, Devonport, says:

"With reference to the practicability of a medical examination of prostitutes he entertains no doubt, and has observed its good effects on some of our foreign stations. In India the ratio of venereal disease in our troops stationed near large towns has been materially lessened by it. Women who have sunk so low do not care for the ordeal to which they are subjected, while it may have the effect of preventing the less depraved from pursuing such an occupation.

"Soldiers should be encouraged in some handicraft to occupy their time in barracks. A greater number should be allowed to marry. By statistical data collected by him on home service, he finds that for every two days' duty performed by single, three were performed by married men."

Professor Longmore alludes to the public opinion which interferes with a system of surveillance, but

"Cannot suggest any further means of checking the disease so long as the law of this country remains in its present state, but knows as a professional man that the ravages of syphilitic poison are spreading to such an extent among all classes of society in England that he feels quite convinced many years will not elapse before the laws in this respect will have to be altered and sanitary enactments made for the purpose of restraining the influence of this evil, in the same way that they are already made for limiting the epidemic effects of other pestilential agents."

Professor Maclean says—

"Prostitutes should be regarded as enemies of the public weal, and not allowed to do the mischief they now do without let or hindrance. It is perhaps not unlikely that the system of surveillance might prove so intolerable to many as to force them to abandon their occupation."

Major-General Dalyell, commanding S.E. district, says that, however impossible the examination of prostitutes in a town may be, there is no difficulty in legislating for a camp.

The naval reports from the highest authorities repeat emphatically the same views; and from the Haslar Hospital comes the statement, that during the year 1861 the cost attending the accommodation of 30·21 per cent. of syphilitic diseases admitted into this hospital amounted to £8650, including a share of all the expenses connected with this establishment.

Further on we come to a very important correspondence relating to the experience of the recent regulations for inspection at Malta. Here the whole problem has been solved, and proved directly and concisely. Up to the year 1859, salutary measures were in force at Malta for the fortnightly inspection of prostitutes for venereal diseases. In 1859 it was decided that these regulations were illegal, and they were discontinued. In Feb., 1861, Dr. Armstrong remonstrated forcibly on the baneful effects of this repeal, stating that "it was indeed a lamentable reflection that in a locality where the disease was until recently almost unknown, it should now by the abrogation of a judicious

sanitary law become such a terrible scourge amongst the seamen and marines of the fleet." In February of the same year the law was re-enacted, and eighteen months afterwards Dr. Armstrong had the singular satisfaction of reporting that during the whole of that time, and after the recent careful scrutiny of the venereal cases that had been received into hospital, not a single case had been contracted in the island! Sir F. W. Martin, Vice-Admiral and Commander-in-Chief, reports also, that before this was passed the number of cases of venereal disease contracted at Malta, and treated in the hospital, was *forty* daily; whereas since the law had been in force not one single case had been brought to the hospital that was contracted in the island.

At Hong-Kong equally satisfactory results are reported. But at Gibraltar, although a system of registration and medical inspection is in force, at least nominally, a return is given which shows that venereal disease is far from infrequent; but "there seem reasons for believing that this may be explained by circumstances in the mode of appointment of the inspectors, and the class from which they are chosen."

With all this mass of evidence, we cannot but regret that the Committee have not felt able to arrive at a more positive result. Notwithstanding the clear evidence of the results at Malta, Hong Kong, and our Indian stations, and the almost unanimous recommendations of the very numerous advisers whom they took into council, they reject the advice given; and although candidly stating in one place that the partial failure at Gibraltar is due to the imperfection of the inspection, and the character of the persons entrusted with it, yet they cite that failure as a reason for doubting the efficacy of any inspection. A great deal of negative evidence is always needed to overcome the effect of that which is positive; but this is often most transparent weakness—indeed, it is self-destroyed. So, on referring to the results in foreign armies, although struck with the remarkably small proportion of venereal disease to strength in these armies as compared with our own, yet they are arrested by certain anomalies in the figures which they are unable to explain. These are sufficiently remarkable to deserve quotation. Referring to a table compiled from the French reports, which gives in the French army hospitals a ratio of admissions for venereal disease of 70 to 1000 of strength, they say:—

"It is stated, however, that venereal cases are about one-third of all cases under treatment—a proportion not inferior to that of our army in the United Kingdom in 1860. It is at the same time right to remark that if these reports convey a clear impression of the facts, the ratio of venereal cases to strength is remarkably lower in France than in England, being 70 for France, against 369 for England, to the 1000.

"In Prussia and in Austria, where the soldier is subject to very severe regulations having for their object the prevention of this disease, the proportion of venereal to all other cases has been for several years very small. In Italy also the proportion of admissions to hospital is small, being only 8 per cent.; yet the ratio of cases of venereal disease to strength is 70 to the 1000, equal to that of France.

"In the Netherlands, on the other hand, where very stringent regulations are in force, the ratio of venereal cases to strength is in the army 110 to the 1000, and in the navy 230 to the 1000.

"These striking inequalities show how unsafe it would be to found conclusions on figures alone, without more intimate knowledge of the working of systems and the special circumstances under which they are put in force than your Committee possess."

They conclude that any system of medical inspection, if enforced against the wish of the women, would prove delusive. They recommend ample subscriptions to Lock hospitals, and enlarged accommodation for the treatment of the diseased women. They call for the suppression of the brothel beer-houses. They would not think it fair to punish a soldier for contracting the disease, but would punish the concealment of it by confinement to barrack or stoppage of leave for ten days. They urge that greater facilities for washing in private are much required both in barracks and on board ship. With great wisdom, they press upon the Government the necessity of providing the soldiers and sailors with all those means of healthy and rational occupation in industry and recreation which can keep them from the haunts of listlessness and vice. They recommend that regiments fresh from foreign service and flush of money should not be quartered in stations notorious for venereal disease.

To all this Sir John Liddell adds a rider, in which we heartily concur. The Committee, he says, have in these timid recommendations not touched the source of disease, and all that they advise will do little or nothing to arrest the mass of disease of which they speak as one which is appalling,—which surrounds the soldier's barracks and the seaman's home,—which not only crowds our hospitals with sick, weakens the roll of our effectives, and swells the list of our invalids, but which surely, however slowly, saps the vigour of our soldiers and our seamen, sows the seeds of degradation and degeneracy, and causes an amount of suffering difficult to overestimate. Sir John Liddell has no more hope than we have that, if all the above recommendations be carried out, any diminution of syphilis will be effected. It appears to him that the only sure means of mitigating the ravages of syphilis, and probably of causing its entire disappearance, is to superintend, by compulsory examination and cure, the health of the public women who propagate it.

All the army and navy reports from commanding and medical officers are in favour of this measure. Some few express doubts of its practicability, which for the chief part the most experienced consider beyond dispute, but none question its importance and value. As to the difficulty of reconciling the people of this country to such useful preventive measures, we very much doubt whether it is not greatly exaggerated. The people of England are, perhaps, the most ready in the world to adopt new customs and to alter their modes of thought on occasion. This is seen in the whole history of our political and of our social progress. From the time of Shakspeare down to the present day the more acute observers have seen that there is no people in the world more prone to reform, more willing to fall in with social advances, or to adopt new forms of approved utility. The introduction with general assent of that for compulsory vaccination, of house inspections by sanitary commissioners, of the visitation of butchers' shops, and the enforcement of penalties for selling diseased meat, and so forth, are all precedents which show that the general welfare is admitted to be a sufficient guarantee for measures of inspection and prevention. In times of cholera and infectious epidemics, house-to-house visitations have been generally approved. Syphilis commits ravages more incessant, more fatal, more destructive than those of any temporary epidemic. If the butcher's shop may be occasionally visited and inspected for diseased meat, why should the brothel be exempted? Why should not the military and naval authorities around camps and naval and military stations have powers which would not be greater than those exercised by the proctors of Oxford and Cambridge, although they would be more usefully and systematically directed? We have stringent provisions attached to the Health of Towns Act, and why should not these be included? It is a disease now far more fatal and general than small-pox, and scientifically not less within the reach of preventive measures. Medical men do well, then, we are persuaded, repeatedly and energetically to call upon Government to arm science with the social powers necessary to destroy this spreading cancer of civilization. They do right to collect the figures which demonstrate the terrible devastation which it causes, and the physical degeneracy of which it is the prime source. In civil as in military and naval practice, it forms an immense proportion of the sickness which we have to treat, and the poison is spreading through all the ranks of English society. We can prevent this, if we are permitted; and by repeating these facts we believe that public opinion will be so far enlightened that the prostitute will no longer be licensed by impunity to practise her poisonous trade, and no longer invoke the disgraceful character of the vocation she parades in all our streets to gain a toleration for free trade in plague which is not accorded to any other class, however estimable.

THE LANCET.

LONDON: SATURDAY, MARCH 19, 1864.

THE following resolution appears on the Minutes of the last meeting of the Branch Council for England of the General Council of Medical Education and Registration of the United Kingdom: Moved by Dr. STORRAR, seconded by Mr. ARNOTT, and agreed to,—"That the Branch Council, having given their attention to the Report of the Medical Acts Amendment Committee forwarded by the General Council to the Branch Councils for their observations thereon, are of opinion that it is not expedient at the present time to engage in fresh legislation."

This resolution will take the profession by surprise. It cannot be that the Branch Council are so entirely satisfied with the operation of the Medical Act that they desire no improvement in its provisions. The great Lord NOTTINGHAM used to say of the Statute of Frauds that "every line was worth a subsidy." It may be anticipated for the Medical Act that every line will cost a subsidy, inasmuch as the interpretation of the several clauses has already in courts of law led to many, if not conflicting, certainly embarrassing adjudications. The 40th section of the Act more especially demands the careful consideration of the Council. It is capable of raising the most subtle questions. The spirit or intention of this section seems twofold: first, to protect the public against the false pretences of men without medical or surgical qualifications; and secondly, the prevention of those possessing real qualifications from practising without registration. The wording of this section has afforded opportunity for learned arguments. In the case of PEDGRIFT *v.* CHEVALLIER, it was held by Chief Justice ERLE that "the mere fact that a person whose name did not appear in the Medical Register represented himself to be a Surgeon was not sufficient to warrant a conviction under the 40th section of the Act." In the case of ELLIS *v.* KELLY, it was held that "the offence of wilfully and falsely pretending to be, or taking or using the name or title of, a Physician, Doctor of Medicine, &c., under the Medical Act, Sect. 40, is not established by the mere fact of the wrongful assumption of the title, if it appears to have been done under a supposed right. Therefore, when a Surgeon, duly registered as such under the Act, prefixed the title 'Doctor' to his name on his door, but on the hearing of an information under Sect. 40 produced a document purporting to be a grant of a diploma from a German university: Held, that the justices rightly dismissed the information." Baron BRAMWELL, who had already observed that "the Act was evidently drawn up by no lawyer," gave a different opinion; and declared "that the wilful and false assumption of the title of Doctor of Medicine by a person duly registered as a Surgeon is an offence within the Medical Act." The expressions in the Act are peculiar: "Wilfully and falsely pretending to be or taking or using the name or title of a Physician, &c., implying that he is registered under this Act." Now the Act does not preclude non-registered men from practice who have diplomas, but deprives them of the protection or assistance of the law for the recovery of their fees. The mere assumption of a medical title not really obtained has been held not sufficient: the practice on such an assumed title must be with the object of implying that a registration has been accomplished under this Act. It is obvious that with such diversity of opinion inextricable confusion must be perpetually arising. At present a man may practise without being registered. Why not adopt the suggestion of Mr. Justice WILLIAMS in the case of PEDGRIFT, and word the section—"That no person shall practise as physician or surgeon who is not registered"? This is the meaning and wording the Act has received in the Australian colonies. But it is not the meaning intended to be received here; for the 36th section, which provides that unregistered persons shall not hold certain appointments, makes exception on behalf of medical officers to institutions "supported wholly by voluntary contributions;" and the 32nd section, which defines the rights of registered persons, does not render it unlawful for those not on the Register to practise, but precludes them from the enjoyment of certain privileges which the Legislature extends to those who are "duly qualified." Surely in this conflict of judicial decision it is most desirable that an explanatory clause of this special section, defining its powers and setting forth its meaning, should be passed. It would be worth while to go through the several sections of the Act, and to point out the insufficiency of its provisions to give effect to the suggestions of the Council. Need we recall the circular issued by the Council on the important question of Medical Education, and the diversity of opinion to which it has given rise? Is it necessary to direct attention to the inability of the Council to prevent men like JORDAN and LA MERT, whom they have struck off their Register, from still continuing in practice?

It is a grave matter that the Medical Council have no voice in the regulation or prevention of those dispensing abuses which have proved so fertile a source of mischief. The Medical Act was a great experiment. Six years have passed since the commencement of its operations. Very great practical good has resulted from its provisions; but we desire to see them divested of all doubt, so that within the comprehension of every man of sense the true interpretation of every clause may rest. The experience of the litigation which has since arisen has decided many points at the expense of the profession. Why not embody that experience in an amended Act, while the present Act is itself framed in dubious terms which invite to discussion? There is nothing more dangerous to the interests of those for whose protection it is designed than the erection of a superstructure of case law. On almost every section of the Medical Act some decision has been given, and the several decisions have not always been in keeping with each other. This, to say the least of it, is a most unsatisfactory state of things, and the sooner the General Council bring their combined experience to its remedy the better it will be for the medical profession. It cannot be forgotten that in the last year many small points have been raised on the interpretation of the words, "if they should think fit." Why not define those cases in which an unquestionable authority is intended to be conveyed, and explain those positions on which difficulty has arisen?

Again, are no steps to be taken in reference to those quack remedies still so fruitful a source of profit to the numerous impostors in our city? We do hope the Medical Council will pause before determining to adopt the singular resolution which has been arrived at by their Branch Council for England.

THE excellence of the design of the Government Annuities Bill is apparent at once. The objections to the measure are chiefly of a political nature, and it must be left to politicians to say whether they are so serious as to be insuperable. It is clearly undesirable for the Government to do anything to impair that habit of providence and self-reliance amongst the labouring classes which has been so greatly fostered by their interest in societies insuring them, in a degree, against sickness and death. It is equally undesirable that the Government of this country should go beyond its strict function of governing the people. All our national prejudice is against a paternal and patronizing care of Government for the people, who, we fondly imagine, are able to take care of themselves. Those who, like medical men, have had opportunities of seeing the working of Friendly Societies by operatives must have seen that on the part of the latter there is no small measure of shrewdness in the management of their own affairs. No doubt they have suffered greatly by misplaced confidence in members of their own class; but we all have to buy wisdom with experience, and this very suffering has been prolific of prudence. Neither should it be forgotten that the strong adjectives which were applied by Mr. GLADSTONE to the management of many of these industrial societies are only too often applicable to societies of higher pretensions, and managed by men in whom incompetence and dishonesty are greater crimes than in working men. All this being admitted, it is yet quite possible that more may be said for the proposal of Mr. GLADSTONE than can be said against it. Our political system is made up, not of abstract philosophical principles, but of practical compromises, dictated often by expediency, and justified by experience. We incline to think that Mr. GLADSTONE'S measure is one of this nature. His speech conveyed the impression that he was arguing from a larger number of serious facts than he chose to divulge, although the data which he disclosed were startling enough. Medical men also know too well the hardship which is entailed on families by the failure of societies on which reliance had been placed. The scanty resources of the labouring man go far to make Government interference in his behalf a kindness, which in favour of others would be an impertinence or an injustice. Constitutionally speaking, in the last resort, the Government, local or national, is answerable for the entire education, medicine, and maintenance of the families of working men invaded by sickness or death. Already we have favoured Industrial Societies. It would seem but a wise extension of this favour that would tend to increase the interest of the working classes in them, and so diminish the chance of their pauperism. It is surely better to encourage providence than pauperism. Moreover—and we confess to thinking this perhaps the weightiest consideration in excuse of the patronizing action of Government—the single virtue of the Government scheme, its unimpeachable security, will have a most beneficial effect on local societies. These will see that their only chance of success in competition with Government is soundness and security, and they will give themselves to the cultivation of these virtues, the want of which gave all the power to Mr. GLADSTONE'S recent statement. In this age, when there are so many honest and intelligent working men, and when gentlemen vie with each other in trying to help the working classes, there should be no difficulty in making investment with local societies virtually as safe as with the Government. In all other respects the local societies have the advantage over Government.

To come to the more medical bearings of the measure. As we have already pointed out, Mr. GLADSTONE was a little too dashing to be accurate in that part of his brilliant speech in which he averred the ease of determining the value of the life of a working man. It is possible to know a man's age, his occupation, and to know that he is sober and temperate in his habits, and yet to have no kind of assurance that he will live for twelve months. All this knowledge is consistent with the seeds of phthisis, or the existence of a rheumatic lesion of a cardiac valve, which medical men often find to their own astonishment and that of the patient. There is just as much need to ascertain the physical personal and family history of a working man applying for life assurance as of a gentleman; and, for some reasons, more need. It is obvious that a working man with rheumatic weaknesses is likely to be sooner disabled, if not destroyed, than a gentleman with these, who can command leisure and comforts on which the prolongation of life so much depends. Though we apprehend that all properly educated medical practitioners will be quite equal to the necessary examination of insurers with the Government, yet so far from the medical examination being less important than in ordinary insurance business, it will be really more so. For life is less valuable, in the language of insurance offices, in the working classes than in those classes which do not depend on physical labour. It is shorter. One of our boasts in this nineteenth century is that working men now live as long as nobles used to live. But it is still true, that the poorer men are the shorter are their lives. Those who have paid any attention to the health of working men applying for admission into Friendly Societies must often have noticed two peculiarities in the candidates. They seem often to have had, for a number of years, an uninterrupted enjoyment of health. They scarcely remember an illness since youth or childhood. If they have been unfitted for work it has probably been rather by accident than by disease. Secondly, they look older than they really are and than gentlemen of their age would look, often by eight or ten years.

One interesting point seems to have been made out by actuaries from the experience of Friendly Societies—viz., that for every death which happens in these Societies, there is, speaking roughly, a period of two years' sickness. This relation of sickness to death is pretty constant. Not, of course, that every death is preceded by two years of sickness, but that for the inconvenience and suffering occasioned by every death, amongst the members of Friendly Societies, there is an additional amount of inconvenience and suffering, represented by two years' sickness and loss of work. If we are right in supposing that a large number of working men pass through the early and middle period of life without much sickness, this "sickness" of the members of Friendly Societies will chiefly affect men who are being overtaken by an early senescence, and by it are being unfitted for their heavy occupations. This we believe to be the fact, much of the sickness in Friendly Societies being of the nature of an early old age, or an early inability to work, which would not be felt if work were of an easier or lighter nature.

Practically Mr. GLADSTONE may be right in restricting himself to mere life assurance. But, logically, it would seem necessary to go further, and insure working men against sickness as well as death. For one working man who suffers from the bad

management of the Industrial Insurance Societies, there are ten who suffer from the mismanagement of Friendly Societies. Working men must make provision against sickness as well as death, and in the large proportion of cases only one provision is practicable—that is, a provision covering both contingencies. The greatest defect of Mr. GLADSTONE'S scheme, from the working man's point of view, is that it only contemplates one of these calamities; and unless the adventurous and able Chancellor is prepared to go further in his always earnest endeavours to help the sons of toil, these will still have to look mainly to Friendly Societies, which, let us hope, will be provoked, by some sort of competition with Mr. GLADSTONE, to a higher efficiency and more perfect soundness than they have yet realized.

Medical Annotations.

"Ne quid nimis."

HYGEIA ON THE STREETS.

WE are glad to perceive that a public offence which has become intolerable is about to be brought to the test of practical legislation. It has long been a grave nuisance that the pathways through our principal streets are permitted to be interrupted by a number of sinister-looking scoundrels who, with a peculiar flourish, thrust into the hands of passengers bills and advertisements of an offensive and indecent character. The matter has been brought before the Marlborough-street Police Court, and Mr. Knox, the presiding magistrate, has advised that a summons should be taken out for a common-law offence. The Police Act gives the magistrate power to punish such conduct under certain circumstances. The charge involved the question of the indecency of the obtrusion as the essence of the misconduct. To determine this by his personal judgment would be to invite litigation; more particularly as the bills in question did not, in Mr. Knox's opinion, "differ materially from some of the medical advertisements inserted in some of the papers." That advertisements of the class alluded to should find their way into print is very much to be regretted; but as they are only admitted into the least respectable of our papers, they are not forced on the public attention in the same way as was attempted to be done in the present instance. It is monstrous that gentlemen passing along with their wives or daughters should be exposed to the annoyance caused by these vagabonds thrusting upon them notifications that "Mr. —— may be consulted daily." Though there is no doubt that the obtruding such papers is an offence, yet it is not the act but the paper which it is desirable to reach. This was the view of Mr. Knox, who expressed his hearty wishes for the success of a prosecution such as was proposed. He, however, advised Mr. Ellis, who appeared in support of the charge, to summon the defendant for a common-law offence, and to take the opinion of a jury at the sessions; adding that "if a verdict of a jury were obtained that it was an indecent paper, he should be ready on a future occasion to commit, and it was highly in the interest of the public that it should be done. There was sufficient evidence as to the indecency to induce him to commit, but not to convict." Mr. Knox therefore dismissed the summons. It is, however, satisfactory to know that the matter is not to be allowed to drop. Mr. Ellis has determined to follow the course suggested, and there need be but little fear that a jury will rightly estimate the amount of public injury such obtrusive licentiousness occasions. This is a question of grave importance inviting to legislation, and one that we trust will not be entirely overlooked by the General Medical Council in their efforts to prevent the public being victimized by quackery, of which such advertisements are the principal support.

THE MEDICO-CHIRURGICAL AND PATHOLOGICAL SOCIETIES.

THE susceptibilities of the members of the Pathological Society have been aroused, as might be expected, by the remarks made at the annual meeting of the Medico-Chirurgical Society *apropos* of the objections raised by the Pathological Society at the increase of rent demanded by the Medico-Chirurgical. The assumption that the Pathological Society derives *prestige* from the use of the rooms of the Medico-Chirurgical Society is not altogether well founded. Nor, if it were, could it fairly be made the ground of an increase of rent. The Medico-Chirurgical Society may have *prestige* to give: it has none to sell. But, as a very able correspondent, a member of both Societies, to-day points out, in a letter which demands the earnest consideration of those who spoke at the late meeting, the Pathological Society had made its reputation and fully established its success before it went to those rooms; and the attendance of members is so much larger at their meetings than at those of the Medico-Chirurgical Society, that the advantages of a common meeting place may, at least, be supposed to be mutual. It is to be feared that some little unpleasantness of feeling may arise out of this bickering if it be continued. So long as the Societies continue under the same roof, the scheme of amalgamation, which so unfortunately fell through, may always be regarded as looming in the distance. Mr. Charles Hawkins, who is an active friend of the amalgamation, seems this time to have played the "hard landlord" on behalf of the Medico-Chirurgical Society. It is obvious that the two parts are mutually destructive. If, as seems very likely, the Pathological Society be removed to other rooms in consequence of the present embroilment, the hopes of amalgamation may be considered at an end, and a result will have been brought about upon which he will not be able to congratulate himself. So many of the most respected members of the one Society are also actively interested in the other, that we hope a committee of the two Societies may be appointed to discuss and settle this trifling matter in a friendly way.

THE PRESERVATION OF MEAT.

WE learn from a recent number of the *Reader* that the Admiralty have been making some experiments with a process devised by an Irish physician, Dr. Morgan, for the preservation of meat. Animals have been slaughtered, and their carcases subjected to the new method in the presence of some of the officers of her Majesty's Victualling Department at Deptford. It is intended to send the meat out in voyages to various parts of the world, to test its keeping qualities. So little machinery is required to perform the work that a ship's crew could readily, it is said, carry out Dr. Morgan's method wherever they land and where animals are abundant. They may thus lay in a store of meat which, although it must be salted to a certain extent, would not, it is maintained, have anything like the disadvantages, in a sanitary point of view, which has meat preserved in brine pickle. What the new method consists in will be apparent from the following statement:—

"A bullock having been killed in the usual way, the chest was immediately opened, and a metal pipe, with a stop-cock, inserted in connexion with the arterial system. This pipe was connected, by means of elastic tubing, with a tub filled with brine placed at an elevation of about twenty feet above the floor. The stop-cock being turned, the brine was forced through the arteries of the animal, and, passing through the capillaries, flowed back through the veins, carrying with it all the blood, making its exit by means of an incision provided for that purpose. About six gallons of brine passed thus through the body, washing out all the blood from the vessels. Having thus cleared the vessels, the metal pipe was connected with another tub, similarly placed, containing the preservative materials to be injected, and at the same time their exit, after traversing the body, was prevented. On communication being

made, the liquid was forced into the vessels, and, by means of the pressure, it penetrated into every part of the animal, and might be seen exuding at any point where an incision was made. The liquid used on the occasion of the late experiments consisted of six gallons and a half of brine, ten pounds of sugar, three-quarters of a pound of saltpetre, with half a bottle of catchup and an infusion of cloves and pepper. The whole process is very rapid, and is extremely simple, requiring nothing that can be termed machinery. It took no longer than three minutes to send the first six gallons of liquid through the animal to wash out the vessels, and about three minutes more to inject the animal with the preservative liquid. Indeed, so rapid is the whole proceeding, that, even on the occasion above referred to, where the men were unaccustomed to the work, and the arrangements were necessarily imperfect, the time occupied was only twenty minutes from the killing the animal to the complete infiltration being made. The beast is then skinned, cut up into pieces, large or small, as may be required, and taken to a drying-room, where it is hung until thoroughly dried, after which it is packed in boxes with sawdust and charcoal."

It is confidently believed that the meat treated in this manner will stand any climate; and, so far as its preservative powers have been tested in this country, the process is stated to have answered the purpose. A purveyor at Portsmouth, we are informed, has for some time past treated meat in the above manner with success, and sold it in the regular course of trade. But, *audi alteram partem* being our motto, we feel bound to listen to some criticisms on Dr. Morgan's process which come to us from the hands of an old and well-informed correspondent. According to the latter, the theory of Dr. Morgan will in practice be found erroneous, and the meat so preserved will be inferior in quality to meat cured in the way at present in use. By the mode of killing now practised by the butcher, the animal loses all the blood, which is drawn from the pulmonary veins and arteries when the beast is stuck. In the new process, from the carcase being thoroughly washed afterwards by brine passing through the veins, arteries, and other vessels, it is deprived even more effectually of its nutritious qualities than if cured in the ordinary manner. It may be feared, therefore, that scurvy amongst seamen using this meat will occur much more readily than by the use of meat cured in the present fashion. There is no doubt that the meat will be well cured, and will keep in any climate; but will it not be found to be as dry as a stick, and to resemble very much the jerked meat cured in South America? According to our correspondent, the plan of killing proposed by the late Dr. James Carson, of Liverpool, would be found much more advantageous. The meat killed by his method will cure quite as well, and will keep quite as long, as by the mode now proposed. It will contain nearly all the succulent, nutritious, and bland juices which are lost in the present process, and would be more thoroughly so in that proposed by Dr. Morgan. A physiological dissertation on Dr. Carson's theory would be unseasonable, and would occupy a larger space than we could allot to it. We may, however, briefly state that by his method of slaughtering, the greater portion of the arterial blood and the lacteal and lymphatic fluids are retained in the body of the animal as during life, and almost the only blood which is shed is the venous blood, which is as dark as pitch, and is evidently the recrementitious part of the body which would have been discharged from the live animal by breathing and other processes.

We trust that this matter will continue to be investigated, for the importance of preserving meat for the use of our sailors and for other purposes cannot be overrated. The methods hitherto adopted on a large scale have been the packing of cooked meat in air-tight cases, or impregnating it with salt, and keeping it immersed in brine in barrels. The first is effectual enough in preserving the meat for any length of time, but is expensive, and, even where the utmost care has been taken in the process, it is apt to leave the flesh more or less insipid and tasteless. The other method, though preserving the meat, destroys its more wholesome and nutritive properties; and if the use of such meat be long continued, especially without the admixture of fresh vegetable juices, scurvy is invariably engendered.

THE DISTRIBUTION OF MORTALITY IN ENGLAND.

IN connexion with this subject, commented on in our last number, we may state that the Registrar-General has in preparation and will shortly publish a supplemental volume of the statistics of the ten years 1851–60. The volume will show (1) the mean population (1851 and 1861) at each age in each district, together with the *deaths* of males and females at each age from twenty-three diseases and groups of diseases in every district in England and Wales during the ten years 1851–60. (2) The average annual *rate of mortality* among males and females (*a*) at each age and in each district, (*b*) from each of the twenty-three diseases and groups of diseases in every district in England and Wales, in the ten years 1851–60. (3) The number of deaths of males at each age in each occupation during the two years 1860 and 1861.

We may also state that a digest of the mortuary returns will be published by the Registrar-General decennially.

The volume now in course of preparation, in so far as it relates to the distribution of mortality from certain diseases, at specified ages, in every district of England, differs materially in arrangement from the return recently laid before the House of Commons, and also prepared by the Registrar-General. The latter return was prepared for the use of the Medical Department of the Privy Council.

THE TURKISH BATH AS A CURATIVE AGENT.

IN the Fifth Annual Report of the Sussex County Lunatic Asylum, just issued, Dr. Lockhart Robertson publishes some important remarks on the Turkish bath as a curative agent. He relates a case in which a patient was admitted with symptoms of mania, complicated with dropsy and albuminuria of the most severe character. The patient was in a desperate state, menaced with dementia and paralysis, and apparently dying from the extent of kidney-disease. Dr. Robertson states that the bath saved the patient's life and restored him to reason. Dr. Robertson observes that the therapeutic uses of the bath have yet to be studied. He believes them to be very great. Of its curative power in the early stages of phthisis he has had several examples, and he can confirm all that Dr. Leared reports of its action in the early stages of that disease. He (Dr. Robertson) longs to see the bath fairly tried in zymotic diseases. He believes, if used at sufficiently high temperatures (170°—200°), the results will astonish us all. If anything ever can cure hydrophobia it will be the Roman bath at 200°, continued for many hours. He has published previously some cases of melancholia, with refusal of food, successfully treated by the Roman bath, and has since then regularly used it in his practice at Hayward's-heath.

We believe that the Turkish bath employed as a curative agent will lessen, and in some instances successfully arrest disease. Details of confirmed secondary syphilis treated by the Turkish bath with mercurial fumigation at Messrs. Pollard's establishment at Brompton have been sent us, in which it is stated that the eruptions subsided, and the general symptoms were ameliorated, after the use of a few baths. Mr. Henry Lee, we learn, has found this mode of treatment beneficial in many instances.

EPIDEMIOLOGICAL SOCIETY.

FEW societies do a larger amount of useful work with so little of obtrusive pretension than the Epidemiological Society. It owes its success and standing in no small measure to the long-continued labours of Dr. B. G. Babington, who for thirteen years has filled the office of President, and has shown un-

flagging interest in its welfare. At the last annual meeting for the selection of a list of officers, however, Dr. Babington expressed his desire to retire from the office, without in any way diminishing his interest or attention to the Society. He thought that a more frequent change of presidents would be beneficial. With regret and suitable expressions of sincere acknowledgment to Dr. Babington of past services as President, and of his continued interest in the Society—of which he has given striking proof by offering the use of his house for Council meetings,—the resignation was accepted. It was resolved that the presidency shall be of biennial tenure henceforth, and Dr. Gavin Milroy was nominated by the Council for the vacant post. Dr. Milroy's services as sanitary commissioner in the Crimea and elsewhere, and his continued and sole devotion to State medicine, as well as his long and active official connexion with this Society, indicate him as highly fitted for the post, and no doubt the nomination will be unanimously accepted by the Society. The names of Dr. Murchison and Dr. Chowne were added to the list of vice-presidents. It was resolved to appoint two secretaries, one for the army and the other for the navy. Dr. Crawford, of the Army Medical Office, was added to the Council, and reports were presented on the progress of various committees on small-pox and zymotic disease. Dr. Babington will, at the next ordinary meeting of the Society, deliver an address on the progress and present condition of epidemiology in England, to be followed by a discussion.

THE ROYAL SOCIETY.

THE Fellowship of the Royal Society is a distinction much coveted by the members of the medical profession, and from the strictness with which scientific considerations have been held in view for some years, and the suppression of merely courtier-like sentiments which at an earlier period predominated in the elections, there is every reason to be satisfied that the *prestige* attaching to the Fellowship of the Society is very salutary and likely to increase. There is a large number of candidates this year—forty-six in all, against sixteen vacancies. The following are the names of medical gentlemen proposed:—Dr. Alex. Armstrong, Dr. Wm. Baird, Dr. Brinton, Dr. Bucknill, Dr. T. Spencer Cobbold, Dr. Henri Gueneau de Mussy, William Augustus Guy, M.B., Dr. George Harley, Dr. Benjamin Hobson, Dr. Wm. Charles Hood, Dr. W. Jenner, Dr. Edmund C. Johnson, Dr. Waller Augustus Lewis, Sir Charles Locock, Sir Joseph Olliffe, Dr. John Russell Reynolds, and Dr. Geo. Charles Wallich.

MEDICAL EDUCATION.

No. II.

THE subjoined remarks conclude the essay on this subject with which we have been favoured from a most experienced and distinguished teacher:—

In approaching the important consideration, how the existing state of medical education may be improved, it may, I trust, be safely inferred that the Medical Council, in reviewing the regulations of the licensing bodies and the system of lecturing adopted, will not allow of any retrograde movement either as to the number or the scope of the subjects now taught in the schools.* I feel satisfied, from an extensive personal intercourse with medical students, that if the question were submitted to the intelligent and industrious members of their body—and the highest interests of science and humanity demand that medical instruction should be framed to meet their requirements, and not those of the indolent and incapable—whether their studies, especially the higher and more scientific branches, should be curtailed in the manner shadowed forth, they would reject the proposal. I proceed to notice, as concisely as possible, the several points involved in this question.

* This remark is not intended to exclude a careful revisal either of the number of courses of lectures, or of the number of lectures in each course.

I. *Age, and Preliminary Examination.*

It is scarcely necessary to remark that the College of Surgeons and the Society of Apothecaries require that the candidate at the final examination should be twenty-one years of age; and as four years are to be devoted to strictly professional studies, a student must enter at the schools when seventeen years old. But the regulations of the Apothecaries' Society, by making it imperative (according to their Act of Parliament) that the candidate should have served an apprenticeship of five years—a mediæval and degrading anomaly,—compel the student to commence his education at sixteen. Upon this important point Mr. Syme offers the following remarks, in the justice of which, it is conceived, all who have considered the question will heartily concur:—

"In the opinion of all competent judges, it is not expedient that the strictly professional course should be entered upon before the age of eighteen, since at an earlier period the mind can hardly be sufficiently imbued with preparatory information, and is not strong enough to take the firm grasp of fundamental principles requisite for the acquisition of sound medical knowledge."*

If this modification were introduced, as I earnestly hope it may be, the student must be twenty-two years of age before passing his final examination; and, surely, considering the supreme importance of the duties he is immediately called upon to discharge, involving life and death, and frequently without the possibility of obtaining the advice or aid of a more experienced practitioner, it would not be too much to demand, in the best interests of society, and even of the candidate himself, that no person should be permitted to engage in the actual practice of medicine till the age above specified, which, indeed, in former years, was that fixed by the College of Surgeons.

If the age were thus extended, a year would thereby be gained for preliminary education. Of this advantage might be taken for the intending student to acquire, in addition to Classics and Mathematics, an amount of knowledge of the Physical Sciences which would not only be most beneficial in training and developing his mental powers, but, what is even of greater moment, would give him that insight to Physics, Mechanics, and, above all, Chemistry—without which there is no sound physiology or pathology. In addition also, being thus advanced, he would have more time for practical studies, without that sacrifice of chemical science which seems to be called for, but against which every enlightened practitioner would protest.

II. *Extent and Order of Lectures.*

The existing system of lecturing, both as to subjects and teachers, has been sharply criticized by Mr. Syme, all, it is alleged, being overdone; but, speaking of London, to which only my remarks apply, when a due order is observed and the different lectures are properly spread over the four years, which is not the case at present, there is nothing to overtax the student. Of course no details can be here noticed; but suppose, taking for an ordinary day's work at the school, from nine A.M. to five P.M., that in the first winter session the subjects were confined to Anatomy, Chemistry, and Surgery, two hours daily would be occupied; and if, as is essential, on one day Microscopical Demonstrations were given, this being to physiology and pathology what descriptive anatomy is to surgery, there would remain essentially six hours daily for the dissecting room and the wards of the hospital. In the second winter there would be in addition to the above, which would be continued, Physiology and Medicine, each thrice a week, and Pathology once, leaving nearly five hours for practical studies. In the third and fourth winters, the great subjects of Anatomy, Physiology, Pathology, Surgery, and Medicine should be continued, and this still leaving five hours or so daily for practical study. The summer season in each year would suffice for those courses which are now given at that period of the year; whilst there would in the course of the four years be ample time at intervals

* Observations, p. 22.

for the cultivation of Morbid Anatomy, Practical Midwifery, and Vaccination.

Mr. Syme says,—I infer in reference to Edinburgh,—"that second and third year students have seldom more than one hour available for the dissecting room." (Obs., p. 9.) So far as I know, there is nothing like this in London. In some schools, indeed, there is an array of subjects, divisions, and subdivisions, which, if they signify anything, would certainly tend to the "distraction" of the student, and should be abated.

One or two courses of lectures, without the essential information being sacrificed, might, it is conceived, be abrogated, the subject matter being communicated, as of old, in other courses. In some branches the number of lectures might be diminished with advantage, particularly if each lecturer could be restricted to his own subject, instead of invading, as often now happens, his colleague's domain: the teacher of materia medica trenching on therapeutics, the lecturer on anatomy discoursing on surgery, and so forth.

As regards clinical instruction, the best that can be given is that in the wards of the hospital; and if short occasional addresses were delivered on the most instructive cases after the visit—as is, or was, the custom in the French hospitals—much more useful and practical knowledge might be expected than from the present formal and extended lectures.

As to amending the *personnel*, Mr. Syme, after describing what he holds to be, and rightly, the qualifications of a good teacher, thus proceeds: "While trusting much to the teacher, I would not, as at present, leave him entirely to himself. It is unhappily too true that both within and without the walls of universities there has been, and no doubt there will be, taught, not only much nonsense, but doctrines positively injurious in the practice of our profession; the understanding seeming to be that a teacher, once recognised, should be allowed perfect freedom in regard to the matter of his instruction." Instead of this, Mr. Syme, if the lecturer overloaded his pupils with undigested or indigestible details, or rode his hobby too far from the well-beaten practical road, "would endeavour to correct the evil of his ways by censure, or, if necessary, by deposition."*

III. *Examination System.*

The part of this inquiry which will most interest the profession relates to the privileges which are to be conferred when, on final examination, the candidate shall be declared to be a properly qualified practitioner; whilst the general public are more concerned that the examination of the licensing bodies should be such as will guard them against ignorant and incompetent pretenders. Mr. Syme says, with truth, that the constitution of a superintending Council by the Medical Act overcame one great difficulty, which had proved the most insurmountable in all previous attempts to organize a measure of reform.† But the Act itself was a kind of compromise between the conflicting interests of a multitude of institutions—English, Irish, and Scotch; and so, when it became necessary to interpret that clause (the 31st) of the Act, which, embodying, as it was hoped, the aspiration of all enlightened advocates of improvement, provided that "the privilege of practice should be equal to the extent of qualification, in the sense of education,"‡ doubts arose as to the real signification of the six technical words of the clause—"*according to his qualification or qualifications.*" The majority of the Council, Mr. Syme states, decided "that the amount of education was of no consequence in regard to the extent of privilege; and that the term 'qualification' had reference merely to the legal import of each title inserted in the Register. Hence the degree of a University, although requiring from its possessor the most ample study and examination in surgery, was held to give no authority except for the practice of physic;" and as the double qualification is demanded in civil and military practice, the Universities were constrained "to dub [their graduates Masters of Surgery." Mr. Abernethy had a saying, that medicine and surgery were like what the French once pronounced their republic to be—one and indivisible; and every impartial member of the profession will heartily join in Mr. Syme's hope, that all parties, setting aside their own exclusive interests, "will not object to such a modification of the Medical Act as may render unnecessary any longer the sacrifice of reason to alleged expediency," (p. 19.) No apology is needed for placing before your readers Mr. Syme's practical suggestion upon this cardinal question:—

"In the event of a new Bill being proposed, I would beg to suggest that no person should be registered who did not possess a degree, or licence or licences, implying sufficient study of *both physic and surgery;* and that every person so registered should be entitled to practise his profession in all its branches in every part of her Majesty's dominions. If a licensing body should choose to limit its qualification to one department, the defect might be supplied by another;" but if the education and examination required by any of the licensing bodies embraced the whole field of professional study, there would be no occasion for a double title. (p. 20.)

This I take to be the sum and substance of all medical reform; and it may be possible for the Medical Council to devise some plan by which the great principle set forth in the preceding extract may be realized compatibly with the just claims of the existing examining bodies.

The second branch of the question touching examination relates to the best mode of testing the knowledge of the candidate. It was shown in the last number of THE LANCET that Mr. Syme condemns the whole existing system; and he advocates the substitution, to a certain extent, of class examinations conducted by the teachers themselves, for those of the existing licensing bodies. Such examinations, it is well known, do at present take place in most schools; but they are voluntary on the part of the students, being mainly for the purpose of awarding prizes, and do not in any way count in regard to the examination for the degree or licence. It appears from THE LANCET of February 20th that the Senate of the University of Edinburgh have adopted this principle; but, however guarded the proceeding may be by the presence, as suggested, of an assessor, the plan does not, to me, appear to be a sound one. In expressing this opinion, I do in no degree wish to depreciate the great advantage of class examinations; and if they were well conducted and made compulsory, they would have a good effect in keeping the students up to their work. One great complaint at present is, that the stated formal examinations are deceptive, being defeated by the baneful system of cramming and grinding. There is, no doubt, much foundation for this allegation; but in regard to Anatomy, where the evil is most rampant, I believe that if, instead of the examination being conducted by the seniors of the profession, as at present, younger men, daily occupied in teaching in the dissecting-room, were substituted, and *viva-voce* questioning and occasional recourse to demonstration on the dead body were practised, no student, however skilfully he had been handled in the grinding process, would pass muster unless really well informed. One great advantage of such a combined medical and surgical examination as that contemplated would be, that the student would be freed from the repeated examinations of the Colleges of Physicians and Surgeons and the Apothecaries' Society, and would thus be greatly relieved from that disturbance of regular study so much complained of. Such a consolidation would also relieve our most distinguished students from the injustice of having to pass often three separate and costly examinations, including that of the University of London.

In relation to this subject, Mr. Syme has pointed out a fundamental defect in the ordinances of the University Commissioners for Medical Graduation, owing to which the examination into the preliminary general education of the student may be taken at any time during the professional course.* The Medical Council—in such a matter much more competent judges—have most judiciously made it compulsory that the examination in Arts should be passed before the commencement of the medical studies; and it is of the first consequence that the ordinances in question should be at once abrogated. Mr. Syme also condemns the institution by the Commissioners of two stages in medical graduation—one conferring the title of Bachelor, and the other that of Doctor; a procedure which he thinks most inexpedient in regard to the universities of Scotland, educating, it is said, more medical students than all the London schools put together.

Although in what seems to me to be the true interests of medical science several views advanced by Mr. Syme have been condemned in the preceding remarks, I am anxious to repeat what I stated in the first of these papers, that the best thanks of the profession are due to the distinguished Professor of Clinical Surgery in the University of Edinburgh, for his fearless exposure of what he deems to be serious defects in the existing system of medical education, several of which, all must admit, call for rectification.

*** The writer of these papers on Medical Education has received a communication from the teacher referred to in the first paper as having placed in the hands of his pupils a list of 800 fevers. This gentleman has forwarded a copy of the syllabus in question, and he affirms that the statement of the

* Observations, p. 16. † Ib., p. 17. ‡ Ib., p. 18.

* Ib., p. 20.

number is totally incorrect. The reference in the former paper was given entirely on the authority of Mr. Syme's pamphlet, and, indeed, in the words of it; and it is evident that the writer in no degree accepted the statement as a fair exposition. If any wrong has, however, been unintentionally inflicted upon the lecturer in question, which would seem to be the case by a cursory glance at his syllabus, the writer begs to express his sincere regret.

Correspondence.

"Audi alteram partem."

THE MEDICO-CHIRURGICAL AND PATHOLOGICAL SOCIETIES.

To the Editor of THE LANCET.

SIR,—I shall be obliged by your permitting the following remarks to appear in your pages, respecting the point at issue between the Medico-Chirurgical and Pathological Societies. It will be remembered that in 1856 the Pathological Society was permitted to hold its meetings in the rooms of the Medico-Chirurgical Society. The payment demanded was the same as the Pathological Society had previously made for the use of the rooms of the Horticultural Society, and of those of the Medical Society—viz., thirty pounds a year. At the annual meeting of the Medico-Chirurgical Society, held on the 2nd of March, 1857, the President congratulated the members on the step taken by the Pathological Society, and at the same meeting the proposal was carried "that the Pathological Society be allowed to hold its meetings in the rooms of the Society on payment of an annual sum of thirty pounds." A few years later—viz., in 1861, the Council of the Medico-Chirurgical Society addressed a letter to the Presidents of the Pathological, Obstetrical, and Epidemiological Societies, expressing a desire to incorporate these Societies with itself. The matter was carefully discussed by delegates from the several Societies, but as the Medico-Chirurgical Society did not propose any definite scheme, and as no basis of agreement could be determined on, the union was not carried into effect. The Council of the Obstetrical Society replied on the 30th of April, 1861, by forwarding the following resolution:—"That this Council is not prepared to come to any decision in favour of the proposed amalgamation of the Societies." The Council of the Epidemiological Society, while approving of the principle of amalgamation, replied by asking for additional information respecting the proposed scheme. The reply of the Pathological Society, dated May 24th, 1861, was couched in the following resolution:—"That the Council of the Pathological Society, having taken into consideration the letter of the Secretary of the Medico-Chirurgical Society of the 11th of April last, resolve, that they have no suggestion to offer in reference to the proposed union of the Societies, but will be prepared to consider any propositions from the Medico-Chirurgical Society for effecting that object, provided the usefulness of this Society be not interfered with." The Council of the Medico-Chirurgical Society offered no propositions for their consideration, but expressed their displeasure by doubling the rent paid for the rooms by the Obstetrical Society, and by *more than doubling* that paid by the Pathological Society. The Obstetrical Society was called upon to pay £42 in lieu of £21, and the Pathological Society £63 in lieu of £30. Although the Medico-Chirurgical Society at large had confirmed in the first instance the sum to be paid by the Pathological Society, the change was the independent act of the Council, and has never been submitted to the consideration of the Society. The Pathological Society, in reply, pointed out that the sum was large for the accommodation required—viz., the use of the rooms for thirty hours (fifteen meetings of two hours' duration), and that, considering the small amount of the subscriptions to their Society, the demand of such a sum would seriously encroach upon the funds annually devoted to their volume of "Transactions." In conclusion, they offered to compromise the matter by paying £50 annually. The Medico-Chirurgical Society was inexorable. Pay £63, or look out for other quarters. In this state the matter rested until the last annual meeting of the Medico-Chirurgical Society, when the extortionate demand of the Medico-Chirurgical Society was commented on by Mr. Spencer Wells and Dr. C. J. B. Williams. The replies made to the remarks of these gentlemen, both at the meeting in question and elsewhere, are full of such misrepresentations as to demand notice.

1. It is argued that the transaction between the two Societies must be viewed in a purely commercial light, and that, in this sense, the demand is not exorbitant. I humbly submit that £63 a year is a long sum to pay for the use of a room (with fire and gas) for fifteen meetings of two hours' duration; and it is evident that the Medico-Chirurgical Society did not consider a payment of £30 a year a bad speculation, as they accepted it for five years. It is true that the Medico-Chirurgical Society has a keen eye to business, and at the moment enjoys its premises rent free. It pays annually £188 12*s.* for rent and taxes, and it receives for rent £187 10*s.*; but I cannot help thinking it beneath the dignity of the Society to view its transactions with kindred Societies in a purely commercial spirit. If commerce be its aim, it may no doubt realise large profits by letting its rooms for other objects than the furtherance of medical science.

2. The Pathological Society was told at the annual meeting of the Medico-Chirurgical Society, that if it were not satisfied it might go; and it is also alleged, as a proof that the rent it pays is not exorbitant, that the Society remains in Berners-street because it can get no such accommodation elsewhere for the money. This statement is simply untrue. There are public meeting-rooms equal, if not superior, in every respect to that of the Medico-Chirurgical Society, which can be had for half the rent now paid by the Pathological Society. It is certainly inconvenient for any public society to change its place of meeting, but this is an inconvenience which the Pathological Society will probably soon encounter rather than continue to yield to the extortionate demands of another Society which has been facetiously called its mother, but which has certainly strange ideas of maternal conduct. It is only a subject for regret that the Pathological Society was ever induced to hold its meetings in the rooms of the Medico-Chirurgical Society. If the latter Society had demanded the same rent at first which it now considers necessary, it would never have had that honour conferred upon it.

3. It is stated that although the Medico-Chirurgical Society holds its premises almost rent free, its expenditure on repairs and the tear and wear of furniture is considerable, and ought to be taken into account! Now, Sir, I do think this argument is truly contemptible, and beneath the dignity of the Medico-Chirurgical Society. The sum spent on furniture and repairs by this Society, during the year 1863, amounted to £46 9*s.* 7*d.*, or to less than a pound a week. The rooms are in daily use by the Medico-Chirurgical Society, and are occasionally used by two other Societies besides the Pathological. Admitting for a moment the justice of the argument, your readers can calculate what proportion of the above sum the Pathological Society ought to pay, which occupies the rooms for two hours on fifteen nights of the year. The same remarks apply to the items of lighting and warming, which cost the Medico-Chirurgical Society last year the sum of £52 10*s.* 6*d.* Fires burn daily in the reading-rooms of the Medico-Chirurgical Society for many hours, but for the benefit of the Pathological Society for only two hours of twelve nights in the year. The Pathological Society has no interest in the rooms in the intervals of the meetings. The letters of application for membership are only suspended during the meetings; whereas applications for the membership of the Medico-Chirurgical Society are constantly suspended until the day of election.

4. It is stated that the sum of £196 16*s.* had been overlooked, this sum representing the salaries and wages of the officers and servants of the Medico-Chirurgical Society, the benefit of whose services is enjoyed by the Pathological Society. But, on inquiry, I find that the Pathological Society remunerates the officers of the Medico-Chirurgical Society for all the services rendered to it, independently of the rent which it pays. The salary of the sub-librarian constitutes no less than £140 of the above sum; and it would be preposterous to expect the Pathological Society to pay a librarian for taking care of the books belonging to the Medico-Chirurgical Society.

5. It has been alleged that the Medico-Chirurgical Society provides the Pathological Society with refreshments at its meetings, in consideration of the rent paid. The allegation is untrue. The Pathological Society pays for its own refreshments.

6. The Pathological Society is described as in a state of mendicancy, and as dunning, *in formâ pauperis*, the Medico-Chirurgical Society for pecuniary support. An eminent member of the latter Society is reported to have said of the former: "If it were worth supporting, it would be supported; but not at the expense of the Medico-Chirurgical Society." But really, Sir, when one knows the facts of the case, and listens to the arguments employed by the opponents of the Pathological Society, it rather looks as if the Medico-Chirurgical Society wished to burden the kindred Societies with the payment of its expenses. The friends of the Pathological Society will be rejoiced to learn that it is not yet reduced to a state of beggary; but they must also see that if this untoward calamity should ever befall it, it has nothing to expect from its hard-hearted landlord but instant ejectment. For the small subscription of one guinea, the Pathological Society presents each of its members annually with an expensive volume of "Transactions;" and, in order to do this, it is necessary to be careful of its funds, and not to squander them for the benefit of another Society.

7. The Pathological Society is accused of "repeated annual grumbling," and of making "frequent applications" and "constant efforts" to make known the justice of its cause. The truth is that it has as yet taken no step in the matter beyond the first letter of remonstrance when the rent was doubled. Individual members may have expressed their indignation; but they have done this without any sanction from the Society as a body. The strong expression of feeling against the Pathological Society, however, on a recent occasion, will contribute more than even the primary act of extortion to rouse it into serious action. The Obstetrical Society is said not to murmur, and is held up as a model; but, if I mistake not, its indignation is only equalled by that of its fellow-victim, whom it will gladly join in looking out for other quarters.

8. But the last statement of the opponents of the Pathological Society is the most ludicrous of all. This Society is said to have gained greatly in *prestige* by holding its meetings in the rooms of the Medico-Chirurgical Society. The truth is, that the *prestige* of the former Society was acquired before the latter ever held out its fostering (?) hand; and at the present moment, in its hold on public estimation, it may fearlessly compete with (I regret to say) its formidable rival. During the last seven years the members of the Pathological Society have increased from 277 to 374, while those of the Medico-Chirurgical Society have diminished from 604 to 586. The forty-six volumes of "Transactions" published by this Society may be had at any secondhand book-shop for eight or nine pounds, whereas the thirteen volumes of the Pathological Society fetch at least ten guineas. The meetings of the Medico-Chirurgical Society are but thinly attended, except when something unusually attractive is expected; whereas the meetings of the rival institution are almost always crowded. The president of the former has now and then to complain of a lack of papers, and the Society is indebted for support to its admirable library, rather than to the animation of its meetings; the difficulty at the Pathological Society is to find hearing-time for the numerous contributions and to curtail the discussions. This contrast is made, not out of disparagement to the Medico-Chirurgical Society, but in order to show that the Pathological Society has a *prestige* of its own, and that in this respect it gives as much as it receives. As a Fellow of the Medico-Chirurgical Society, I feel that it will be an evil day for it when the Pathological and Obstetrical Societies are roused to such a pitch of indignation as to turn their backs upon it on account of its extortionate demands.

I am, Sir, yours, &c.,

A FELLOW OF THE MEDICO-CHIRURGICAL SOCIETY, AND A MEMBER OF THE PATHOLOGICAL SOCIETY.

March, 1864.

"A CASE OF DISTRESS."

To the Editor of THE LANCET.

SIR,—I send you herewith a copy of a letter, signed "Everybody," which appeared with Dr. Birch's letter (published in THE LANCET of the 5th inst.) in the Birmingham *Daily Post* and *Daily Gazette* of the 7th inst., and I shall feel obliged by your inserting "Everybody's" letter, and this reply to it and Dr. Birch's letter in your next impression.

It is due, Sir, to the benevolent persons who have subscribed to the fund for the benefit of Mr. Partridge's widow and family, that they should at once be put in possession of the facts of the case as they *are*, and not as they have been *reported* to your correspondent. Having performed this duty I will leave them to decide between your correspondent and "Everybody" and the Committee of the Partridge Fund.

And, first, as to the means at the disposal of the late Mr. Partridge's widow and children. Mrs. Partridge has £1500 in the three per cents., the *income* of which only, and not the *principal*, as the letter of "Everybody" would lead the public to infer, is available to the widow and family during Mrs. Partridge's life. The first half-year's dividend on which, amounting to, say £21 10*s.*, does not fall due until July next.

Mr. Robins has succeeded to the practice under an arrangement, the details of which fairness to him forbids me to publish, but it may be sufficient for the purposes of this letter to state that it is based upon the interest which the patients feel in Mr. Partridge's widow and children, and that by it she will be entitled for seven years to certain quarterly instalments, the first of which is not payable until July next.

I apprehend it to be a sufficient answer to the somewhat ungenerous paragraph in your correspondent's letter, that "it is reported and believed in the neighbourhood that the deceased gentleman had at the time of his death a good practice, yielding at least from £700 to £1000 a year," that the late Mr. Partridge was bankrupt only about two years ago, and that the book debts due to him at the time of his death showed £140, but that they will probably realize not £120, out of which about £90 was owing for rent and taxes, debts, and other liabilities, nearly £75 of which has already been paid. So much for the book debts. It may be fairly inferred from the observation in your correspondent's letter, "that the family received some help from relatives and friends *who are well able to afford it*," that they were receiving substantial and permanent aid from one or other of these sources. I know little or nothing of what *friends* have given to the widow directly, but I do know that the aggregate sum presented to her by the whole of her own and Mr. Partridge's *relatives* is £35, out of which £19 has been paid for funeral expenses, and that the *rest* has been absorbed in the purchase of mourning, the expenses of moving, &c. When, therefore, the remainder of the debts are paid, I ask what funds are available to Mrs. Partridge for the maintenance of herself and family from the 6th of February, the day of Mr. Partridge's death, to July next, when the first instalment of her income becomes due? I could give sad and touching details confirmatory of the literal truth of the words of the appeal in the Committee's advertisement, but I am restrained from doing so by a feeling which is much vaunted, but practically little regarded, by Dr. Birch and "Everybody"—namely, a respect for the memory of the deceased.

Thus much for the available resources of Mrs. Partridge for the maintenance of herself and the maintenance and education of her family. And now, Sir, for their condition. There are thirteen children, one only of whom was, at the time the advertisement complained of appeared, even partially off her hands. Of the remaining twelve, one, a girl of about eighteen, is an imbecile; and of the other eleven, some are entirely uneducated, and the others barely possess the rudiments of education.

The above *facts* as to the pecuniary position of Mrs. Partridge and her family (so prettily *idealized* by "Everybody" and Dr. Birch), together with a proposal to put the subscription on, as nearly as may be, the grounds referred to in Dr. Birch's letter—namely, "a recognition of the honourable and popular professional character of the late Mr. Partridge," were embodied in a letter from a relative of the deceased, which was laid before the Committee, and discussed, before the advertisement objected to by Dr. Birch and "Everybody" appeared. I need not add that the proposal was unanimously rejected by the highly influential Committee to whom it was submitted, and that the statement in the advertisement excepted to by "Everybody" and Dr. Birch, "that Mr. Partridge had left a widow and thirteen children *almost* deprived of the common necessaries of life," was adopted as the true and only ground of appeal to the benevolence of the public.

I am most anxious to give "Everybody" and Dr. Birch credit for good faith and good feeling in the publication of these letters, but I think that it was a courtesy due to the Committee that they should have sought privately at their hands an explanation of the reports which Dr. Birch avers had reached him, and that it could only have been in the event of its being withheld that they would have been justified in appealing to the Committee in your columns for it.

The result of the course which Dr. Birch and "Everybody" have adopted, is, that they have dragged into an unenviable and painful prominence the private affairs of this unfortunate family, and have done their utmost (unintentionally it may be)

to damage the cause of the widow and the fatherless, for which the Committee have so zealously and honourably laboured, and so cast an unjust reflection on the *bona fides* of the gentlemen composing that body. I may add, not for the purpose of advertizing the little I am able to do, but in the hope that the statement may operate as an additional sanction, if any were needed, to the entire good faith of the Committee, that I so fully concur in the truth and propriety of the form in which the appeal has been made, that I have taken the sole charge of one of my late brother's sons, with the intention of bringing him up to the profession of his late father.

I have no business with the high-flown passage in Dr. Birch's letter, that if his suggestion be adopted, "in after-life the children may always look back with honourable pride and pleasure to this help, rendered as a testimony to their father's professional position and character," &c., as the fund already raised has been subscribed on the faith of the statement in "the printed appeals;" but I hope that the children will grow up with hearts too large to cavil at a word or two in the appeal which has been made for them, and that they will live to earn for themselves an honourable independence, and thereby show to those who have ungrudgingly extended to them their substantial sympathy in their sorrow, that they are not unworthy of the generous effort which has been made in their behalf.

I am, Sir, yours faithfully,

THOS. PARTRIDGE, M.R.C.S. & L.S.A.,
A Brother of the late Mr. Partridge.

Hurst-street, Birmingham, March, 1864.

To the Editor of the Daily Post.

SIR,—I send you for publication a copy of a letter which appears this day (March 5th) in THE LANCET, as to the fund raised for the family of this gentleman.

I trust that the benevolence which prompted the kind efforts of the Committee will at once induce them to accept Dr. Birch's judicious suggestion as to the mode of giving the money; it is worth doing if it were only to cherish the better feelings and aspirations of the children in after-life.

There cannot be two opinions (as the Committee will be aware, if they have not earlier discovered it, when they see my signature to this letter) as to the mistake of representing a family to be almost in hopeless pauperism, who had between £2000 and £3000 available resources of their own still left for the widow and children. The error may be presumed to have arisen from haste, and the strong feeling excited by such sudden distress.

As they will, however, need all, and more than all, the help they can receive (for there are thirteen of them), I will send another guinea to the fund (and the Committee may calculate how much that will help them when they read my signature) if Dr. Birch's suggestion, with his kind donation of £5, be accepted. And my opinion is further influenced also in this matter by respect for the naturally generous and high-toned feeling of the deceased.

If we are to do as we would be done by, let us help the families of others in the generous spirit in which we should desire our own to be helped should they ever (which may God forbid!) come to need it.—Your obedient servant,

Birmingham, March 5th, 1864. EVERYBODY.

MORTALITY IN HOSPITALS.

To the Editor of THE LANCET.

SIR,—Your leading article of the 27th ult. directs the attention of the profession to the statistics of hospitals, published by Dr. Farr, and adopted by Miss Nightingale; and in this article you call upon me, amongst others, to give the results of my experience in this matter. It requires far more space for its adequate discussion than I can ask you to spare me; but I will try to put together a few facts bearing on it, referring anyone who wishes for fuller details to the report prepared by Dr. Bristowe and myself for the medical department of the Privy Council, and which will form a portion of the forthcoming annual report of that department.

Dr. Farr's allegation in the letter appended to the statistics you quote, (Twenty-fourth Annual Report of the Registrar-General, p. 231,) is a very plain one. It runs thus: "It is evident from the tables that the mortality of the sick who are treated in the large general hospitals of large towns is twice as great as the mortality of the sick who are treated in small hospitals in small towns."

This allegation is quite in accordance with all that I have seen, if it be restricted (as Dr. Farr's statistics are restricted) to England; and I believe that the difference in the mortality depends entirely (or almost entirely) on the difference in the severity of the cases under treatment; but Dr. Farr's tables would lead to the conclusion that he connects the difference in the death rate with the difference in the size of the hospital; that is to say, he leaves the reader to infer that his figures prove a small hospital to be healthier than a large hospital, *under similar circumstances*. If this be so, a very few considerations will prove that Dr. Farr is in error, and that we possess no evidence to show that smaller hospitals have a lower death-rate than larger ones, provided the circumstances of the two are the same.

Let us take an example, first, from Paris, where all the hospitals are under the same management, and are parts of the same system, and where, therefore, the nature of the cases they receive is the same. A glance at the work of MM. Blendel and Ser, p. 127, will show that the rate of mortality in 1860 at all these hospitals varied very little, except that it was very much higher at Lariboisière than at any of the others. Now Lariboisière is to be regarded, in a sanitary point of view, as an aggregation of six hospitals, each holding about 100 beds, and ought, if Dr. Farr's rule had been a correct one, to have had almost the lowest mortality. In 1862 the death-rate at the Hôpital Cochin, which contains 112 beds, was higher (12·06 per cent.) than that of the Hôtel Dieu, with 808 beds (10·91 per cent.)

I will take my next example from London, and extract a few figures from the Statistical Society's "Journal," Sept., 1862. The death-rates of St. George's Hospital (350 beds), Charing-cross Hospital (118 beds), and the Great Northern Hospital (20 beds?), are the same—viz., 8·3, 8·3, and 8·2; while University College and King's College Hospitals, almost the smallest in London, have almost the highest death rates, 11·2 and 10·7, the latter precisely the same figure as St. Bartholomew's.

Again, let us take an example from Scotland, where the small hospitals in small towns receive equally with the large hospitals in large towns all kinds of cases—fever, small-pox, &c., not excluded. The Arbroath Hospital has 60 beds, and a death-rate calculated over seven years of 9·6 per cent. The Glasgow Infirmary has 612 beds, and a death-rate in three consecutive years of 10·4, 10·0, and 9·1. The Greenock Hospital contains 119 beds, and its mortality in the same three years was 14·6, 10·6, and 11·7; the high rate of the first year being caused by the large per-centage of deaths from fever.

But if we compare our English country hospitals together, we shall see here also how very fallacious is the rule which Dr. Farr's statistics are supposed to establish. I select at random one of the largest and one of the smallest of them. I have hitherto, in quoting the hospital documents, used the ordinary system of stating their death rates. In what follows I employ Dr. Farr's method of reckoning:—

The hospital at Exeter contains 233 beds; 194 patients were in hospital at the commencement of the year 1862, and 55 died in the course of last year—a death-rate (after Dr. Farr's method) of 28 per cent. The hospital at Chichester contains 56 beds, and there were 40 patients in the house at the beginning of the year 1862. Twenty died in the course of the year—a death-rate of 50 per cent. In Dr. Farr's own table the death-rate of the Radcliffe Infirmary is 24·81 per cent., that of the Bath United Hospital, 102·56 per cent.; yet the former is double the size of the latter. On the other hand, the Hull Infirmary and the Derby Infirmary appear to be of the same size, but are, of course, very differently circumstanced. The former has a mortality of 77 per cent. in Dr. Farr's table, the latter of 35.

I cannot see how these discrepancies could be explained if Dr. Farr's rule was good for anything, except by saying that all the smaller hospitals whose names I have cited are in so horrible a sanitary condition as to balance the good effects which their less concentration of sick would otherwise have given them. If Dr. Farr were to make such an assertion, he would, of course, have to prove it, and that, I venture to say, he would find impossible.

Let us take another aspect of the case. At all our large metropolitan hospitals (with the exception of the London Hospital) fevers are freely received, and acute medical cases are daily admitted. At the largest of them—St. Bartholomew's, Guy's, and St. Thomas's*—the admission is quite free; in all

* Two of which are included amongst the five hospitals having more than 300 beds intended in Dr. Farr's table—the London, Middlesex, and St. George's being the other three. St. Thomas's, I suppose, is excluded, as no longer existing in its former condition.

there is a very large proportion of grave injuries and of cases requiring surgical operation. At small country hospitals these conditions are all reversed. Is it rational to treat the respective death-rates as if they were uninfluenced by these circumstances? But, perhaps, your readers will say, What proof have you that they are so influenced? The suggestion contained in your leading article, that a comparison of hospital registers would prove whether there was any, and if so what, difference in the nature of the cases admitted, would be a perfectly feasible one if these documents were more accurately compiled. But they are not made up with a view to medical accuracy, and the diseases are usually named in such vague terms that little could be made out from them. A personal visit to each hospital will convince anyone acquainted with medicine how great is the difference between the proportion of diseases involving risk to life in a country and a metropolitan hospital, and it is on this personal examination of the matter, conducted at the great majority of the hospitals in Great Britain, that I mainly rest my assertion.* Again, the difference in death-rate is far more in the medical cases than in the surgical, and it is to the medical cases that the above remarks far more apply. In some of the larger country towns, and especially in the practice of an active surgeon, or a celebrated school of surgery, the average of surgical cases approaches in severity to that of a metropolitan hospital, and then so does the death-rate. Thus, to compare two hospitals, one in town, the other in the country—say, St. George's, London, and the Norwich Hospital. At the former, the death-rate for medical cases was, in 1862, 11·7 per cent., and for surgical cases, 6·4 per cent. At the latter these rates were 5·02 and 5·14 respectively. Space does not allow me to give more than a few examples. The whole subject, both of the value of hospital death-rates and of the respective healthiness of town and country, large and small hospitals, will be discussed in the Report to which I have referred, at as much length as the importance and the intricacy of the subject demand.

As to the death-rate, we have convinced ourselves that it is absolutely useless if employed as a test of the sanitary condition of the hospital; that not only may a high death-rate consist with a good sanitary state, but that a very bad sanitary condition, one in which "hospital disease" is very rife, may consist with a low death-rate. As instances of the fallacy of arguing directly from the death-rate of an hospital to its sanitary condition, I may mention the following among many similar facts:—The Southern Hospital at Liverpool was a few years since in an unsatisfactory sanitary condition, requiring improvements in drainage, and other requisites for hospital salubrity. These improvements were effected to the satisfaction of its managers. In the three years preceding the improvements (and when the state of the hospital was relatively bad), the death-rate is given as 4·8 per cent.; while in the next three years after the improvements the death rate rose to to 6·06 per cent. The explanation is a very easy one. The funds were low, and the number of admissions had to be reduced in the latter period (2655 against 4277 in the former): that is to say, the less severe cases were refused.

This shows how the death-rate may be raised while the sanitary condition of the hospital is not only not worse, but even palpably improved. Let me now give one instance of the very slight extent to which the attacks of hospital disease affect the annual death-rate. The figures given in the foot-note below show that in 1862 the number of deaths from pyæmia in the five large hospitals was less than one fiftieth of the whole number of deaths. It is not possible to give the precise number of deaths from erysipelas and phagedæna contracted in the hospital, since they are confused in the hospital returns with those from these diseases occurring before admission; but it would be a most liberal statement, and one far beyond the true number, if we were to take them to be altogether equal to the deaths from pyæmia, or the whole number of deaths from hospital diseases to be one twenty-fifth of the total deaths. Yet some persons appear to think that the presence or absence of hospital diseases is a sufficient explanation of a double or triple death-rate. If, in the year 1862, the deaths from hospital affections had been doubled, that fact, if known, would very probably have been held to indicate an unsatisfactory sanitary condition, and to call for minute examination; but it would have been hardly noticeable in the annual death rate. In the case supposed, the deaths would have risen from 1976 to 2046, or in the proportion of 103·7 to 100, a far less variation than occurs constantly from year to year from causes wholly accidental. This being so, I need not say that I regard Dr. Farr's statistics as being utterly delusive; and if these are the whole foundation for the assertion that hospitals do harm instead of good, I should not hesitate to characterize that assertion as reckless, and inconsistent with the facts.

As to country and town hospitals I may, perhaps, add a single word. We have visited all the principal establishments in the United Kingdom and in Paris, and have tried to form an estimate of their practice and its results. So far from being prejudiced in favour of the London hospitals, I may say for myself that I started with a confident anticipation of finding clear evidence that cases, especially surgical cases, did much better in the country; that hospital diseases were far more rare, and recovery more certain and speedy. I cannot say that we have found any such evidence. I believe further, that, so far from its being true that the smaller a hospital is the healthier it is, on the contrary, our large London hospitals are far more healthy than most of the smaller provincial hospitals, which latter, in fact, if they were filled with the acute medical cases and the large open wounds that abound in the former, would soon tell Dr. Farr a different tale. I think, however, that the comparisons I have made between various hospitals of different sizes, administered under the same plan, will show him that size can have little to do with the death-rates; while the fact that, under the same liberal regulations for the admission of disease, and with no allegation of hospital unhealthiness, the rate of death has been the same at Arbroath and at Glasgow, should make him hesitate before he attributes the differences to town and country situations.

But the fact really is, that Dr. Farr is attempting to settle by statistics a question which mere figures are not sufficient to solve. The figures can give only the bare facts; the explanation of the facts must be sought from accurate information as to the causes of death, and careful reasoning, if it be sought to connect those causes with hospital influence. I find no trace of this process in Dr. Farr's brief and (to me) somewhat obscure remarks.

One word in conclusion. An idea prevails in some quarters (where more accurate information might be expected) that physicians and surgeons, knowing the unhealthy state of the large hospitals,* are anxious to avoid inquiry into the matter. Nothing is more ludicrously erroneous. Our only object is, and must necessarily be, for the sake of our own credit, if for no other reason, to save as many of our patients as possible. If any rational scheme could be devised by which this object would be accomplished, it would, you may be well assured, be warmly promoted by hospital physicians and surgeons. But everyone must deprecate hasty generalization from imperfect premisses, and strong language based upon weak facts. Our large hospitals appear to me to be the fittest places yet devised for the treatment of the sick poor, far more so than any other dwellings that have ever been put within their reach, and this belief has not been shaken by the figures produced by Dr. Farr.

I am, Sir, your obedient servant,

Queen-street, May-fair, March, 1864. T. HOLMES.

* Since writing the above, I have seen an excellent letter from Mr. Yeo, House-Surgeon to the Hospital at Winchester, proving this point most completely for that hospital.

"LITHOTRITY WITHOUT INJECTIONS."

To the Editor of THE LANCET.

SIR,—I am extremely gratified to learn that Mr. G. Pollock so thoroughly approves of and practises "lithotrity without preliminary injections." His paper is the first public testimony to the superiority of the plan which I recommended more than two years ago in my Lettsomian Lectures at the Medical Society of London, and published in THE LANCET of March 15th, 1862; and since that time, in my work on "Practical Lithotomy and Lithotrity" (pp. 164–166), where he will find arguments for the method very similar to those adduced in the course of his remarks.

* Dr. Farr and others often speak of pyæmia as if it was a great cause of hospital mortality. I have the data for 1862 at hand, having collected them for that year, as being the last complete year when we were engaged upon the Report before named. Whether the deaths from pyæmia were above or below the average I have no idea. I find that the deaths returned from the five London hospitals, having more than 300 beds, which I presume to be intended by Dr. Farr's table—viz., St. Bartholomew's, Guy's, St. George's, the London, and the Middlesex Hospitals—were 1976 in that year. I have no account of the number of fatal cases of pyæmia at the Middlesex Hospital. At the other four hospitals they were 30 out of 1716 deaths; or if we consider the deaths at Middlesex to be in the same proportion, 35 cases out of the whole 1976—that is to say, below 2 per cent. of fatal cases. It should not be forgotten that in some of these cases, pyæmia had been developed before admission, and was not a hospital disease at all. In the records of death in country hospitals pyæmia is, perhaps, a little less common, but not so much so as the milder class of their cases led me at first to expect. This is, I believe, in consequence of the nearer approach of the surgical injuries to the average severity of those in London.

But while Mr. Pollock supports so warmly the practice, he favours the writer with a criticism or two which require reply. I must ask your indulgence in occupying space for matters which appear to me very trifling, but Mr. Pollock has made them so prominent that no other alternative exists.

It is stated first that the practice I advocate is not new.

In any sense of the word "new" employed by the inspired writer whom Mr. Pollock has thought fit to invoke in this very small matter I have never spoken of my practice. I have only stated that it was not "usual," and on this ground I desired to call attention to it. Will Mr. Pollock point out to me a single recommendation of the rule to perform "lithotrity without injections" in any one of the numerous works on the subject which describe the operation? If not, I claim to have been the first to publish the superiority of this over the "usual" mode.

Next, Mr. Pollock objects to my use of the word "sitting;" and believes "that on consideration I must see that this term is misapplied, and is apt to mislead."

I have long used (in print) the word "sitting" in the sense referred to, and not without some consideration, for the following reasons:—

1st. "Sitting" is recognised as the best English equivalent for the word "*séance*," employed by French operators and writers to denote a single application of crushing and other instruments on any given day to a stone in the bladder. The literature and practice of France in relation to this subject are much more extended than our own, and I could not assume the right to propose another term. I do not learn that Mr. Pollock has thought right to do so.

2ndly. The application of the word is philologically correct. I gratefully acknowledge any suggestion, even in the form of admonition, from Mr. Pollock, tending to promote accuracy in the employment of language; and I fully coincide in his most just appreciation of its importance. He will find, however, in our best dictionaries overwhelming proof that the word "sitting" is by no means limited in its meaning to denote any one posture; and that it may still be used correctly to describe a "*séance*" of lithotrity, although, as it is gravely remarked, 'the patient is on his back, and the operator stands by his side!" I adduce the two best authorities.

JOHNSON: "*Sit* (3), to be in a state of rest; (4), to be in any local condition."

RICHARDSON: "*Sit*, to be or cause to be in any place, position, or posture; in any state, situation, or condition: ..... applies to a posture of rest as distinguished from standing or kneeling."

Thus much in self-defence.

There is one remark, now, which I desire to make respecting the operation itself. Mr. Pollock speaks of lithotrity as "of all operations in surgery one of the most simple," &c. Whatever "simple" may mean in that context, I wish to express my strong conviction that there is no operation which requires more practice and experience, more manual tact and delicacy, more care and prudence in its performance, and a more complete *armamentarium* than lithotrity, if it is to be done "tuto, cito, et jucunde."

I am, Sir, your obedient servant,

Wimpole-street, March, 1864. HENRY THOMPSON, F.R.C.S.E.

To the Editor of THE LANCET.

SIR,—The question raised under the above heading by Messrs. Thompson and Pollock may be interesting in eliciting the opinion of London surgeons. In performing the operation of lithotrity, I never think of withdrawing the urine from the bladder, trusting that the viscus is sufficiently dilated by the natural secretion. Nor do I inject warm water, unless the walls of the bladder are so much contracted as to prevent the proper manipulation of the lithotrite. But I am not aware that this practice can lay any claim to novelty.

Lithotrity, however, is an operation by no means free from danger. In selected cases—where, for example, in a gouty subject, a small lithic-acid calculus drops, from year to year, into the bladder of an aged man—its employment is invaluable. But in general cases it fails in its end, and when often repeated it finally leads to general disturbance of the constitution, when it ends fatally.—I am, Sir, yours &c.,

HOLMES COOTE, F.R.C.S.

Queen Anne-street, Cavendish-square, March, 1864.

NEW HOSPITAL FOR CHORLTON-ON-MEDLOCK.—A new hospital is about to be erected at Withington, Chorlton-on-Medlock.

SURGERY AT THE SEAT OF WAR IN SCHLESWIG.

(*Communicated by* LOUIS STROMEYER LITTLE, Assistant-Surgeon to the London Hospital.

AMONGST the cases in the different hospitals of Schleswig were many of that singular injury to the chest in which the ball, striking the ribs, traverses the semi-circumference of the chest subcutaneously. Of these cases I saw nearly a dozen. I was told by Austrian surgeons, who had made the campaign in Italy in 1859, that no such cases were met with there. If this be so, and there is no reason to doubt the accuracy of observation of these gentlemen, the interesting question arises, whether there was anything in the nature of the missiles or weapons used to account for it. It cannot be that here the bullet was deficient in momentum, and, consequently, in penetrating power, and therefore acted as a spent ball, for at the fight of Oversee, from which the wounded in question were brought, the men were engaged at close quarters. It is possible that this difference in the results observed in the Italian and in the present campaign may be due to the variation in the size of the bullet used by the respective combatants. The rifle bullet of the Danes is of large diameter, and weighs nearly two ounces, that used by the French and Austrians being about half the size. The question is the more perplexing since amongst these wounded were one or more Danes.

Tetanus figured rather largely in Schleswig, eight soldiers with gunshot wounds having already succumbed to it, and none having recovered. Most of these were only slightly wounded. In one on whom I made a post-mortem examination, the ball had merely passed through the integuments of the posterior fold of the axilla, slightly grazing the muscle. The wound had not healed, and did not exhibit a healthy suppurating surface. When I left Schleswig there were three others affected with tetanus with little hopes of recovery. Various modes of treatment were tried, and, locally, hot and cold applications to the spine. There was also a noteworthy paucity of typhus and pyæmia,* and no case of hospital gangrene had hitherto been seen.

I left Schleswig favourably impressed on the whole with the hygienic arrangements and with the natural advantages of the locality as a place for the formation of military hospitals and for the treatment of the numerous wounded. I had there an opportunity of observing the unbounded liberality of the German public, in having forwarded from all parts of Austria, Prussia, and the rest of the Confederation, ample supplies of every comfort and every luxury that could alleviate the sufferings of the wounded, whether Germans or Danes.

At Flensburg the number of wounded did not exceed 200, the majority being Danes, from the engagements at Missunde, Oversee, and Düppel. I found one hospital here under the direction of Dr. Heine, of Canstatt, known in London from his visits to our hospitals. Here there were many interesting cases, amongst others a slight gunshot wound of the chest, the track of the ball having healed by the first intention—without suppuration, it was said. It must be extremely rare, and I can scarcely believe it possible for a gunshot wound to heal without the formation of pus. One of the most interesting consequences of bullet wounds which I noted here, was paralysis in almost all its forms—for example, of the facial nerve, from a ball which had entered behind the left mastoid process, emerging over the left ala nasi, fracturing both the temporal and superior maxillary bones. This patient was doing well. Another had been struck by a piece of a shell at the junction of the occipital and parietal bones, and had a depressed fracture at that spot: his only cerebral symptom was very considerable imperfection of the sight of both eyes. Another had received when stooping a bullet slightly below the spine of the scapula, which had apparently passed downwards, but had not emerged. This patient had complete paralysis both of motion and sensation of all parts below the last rib.

In this small town (Haderaleben) large hospitals are being established by both Austrians and Prussians in anticipation of the expected advance into Jutland, from which it is distant about fifteen miles. Like all the small towns in this country, Haderaleben possesses several buildings of considerable size

* I have since learned that pyæmia has become more prevalent, from collecting the worse class of injuries in the same wards.

capable of adaptation to hospital purposes. It was interesting to observe how quickly the transformation of a town-hall and ballrooms to hospitals was effected. The town authorities supplied wooden bedsteads of a simple pattern, rapidly constructed by ordinary carpenters, and straw for the mattresses; all other necessaries for the equipment of the hospital being carried with the army. Thus, in this small town, the three or four buildings above mentioned were in a day or two prepared for the reception of more than 500 patients; the whole constituting one field hospital under the administration of one staff. I find here no hospital corresponding to the English regimental hospital, the supposed advantages of the latter being, I believe, that in them a smaller number of wounded are treated under one roof. The Germans, however, maintain that their field or general hospitals, consisting of several detached buildings under the management of one staff of officers, possess all the advantages of several regimental hospitals, with many additional recommendations. Thus one large field hospital under a superintending surgeon of high rank and experience, aided by an adequate number of surgeons, offers a greater probability of superior professional skill and attention. In actual war the army surgeons are always too few: their dispersion in regimental hospitals is a waste, for if every such hospital has a separate surgeon or surgeons, whether the wounded and sick be few or many, there must result an economy of labour in bringing a well-organized staff to bear upon the united or field hospital. It is obvious that when war breaks out the regimental surgeons may be totally inexperienced in military surgery, whilst in the general hospital some at least of the staff will have had experience, the chances therefore being more favourable to the wounded. The economy in hospital materials, medicines, apparatus, instruments, &c., in a hospital for 5000 patients, is great compared with the unavoidable waste or superfluous supplies in every small hospital.

The care and transport of every material required for sanitary or hospital purposes in the field is entrusted to a body of men called the Sanitäts Compagnie, who are instructed in some points of minor surgery sufficient to enable them to assist the wounded from the field of battle to the place where the surgeons are to be found. It was matter of interest to observe the organization of this department of the Austrian army. Each waggon belonging to the department is entirely complete in itself, and is capable of furnishing bedding, dressings, and surgical appliances for 150 severely wounded, together with food, wine and spirits, and cooking apparatus, for the same number for twenty-four hours. The ambulance carriages are simple and practical, carrying each two severely or twelve slightly wounded.

The sick and wounded here are not in great number; the Prussians have, however, a large number of cases of pneumonia. Amongst the Austrians I did not observe many cases of this disease, although prior to the battle of Oversee the Austrians bivouacked in the open fields without tents or other protection, the cold at the time being very severe.

Hadersleben, March 3rd, 1864.

Parliamentary Intelligence.

HOUSE OF LORDS.

MARCH 15.

INSANE PRISONERS ACT AMENDMENT BILL.

The LORD CHANCELLOR said that as this Bill had been the subject of a good deal of discussion, the Government thought the best mode of dealing with it in that House was to refer it to a Select Committee.

The Bill was then ordered to be referred to a Select Committee.

HOUSE OF COMMONS.

MARCH 10.

FLOGGING AND BRANDING.

The House having gone into Committee upon the Mutiny Bill,

Mr. COX moved the omission of Clause 22, relating to flogging. He denounced this punishment, inflicted for trivial offences, as disgusting and demoralizing.

The motion was seconded by Mr. W. WILLIAMS.

The Marquis of HARTINGTON said it was the opinion of the most experienced officers that there were in the British army men of a certain class who were insensible to any other punishment than the lash, which was inflicted only in aggravated cases of mutinous conduct, until a man was degraded for offences to the second class. The punishments in other military services were more severe, and cases of flogging were diminishing in number in our own.

After much discussion the Committee divided, when the amendment was negatived by a narrow majority, there being forty-five for the clause and forty-two against it.

Mr. COX then moved the omission of Clause 26, relating to branding.

Mr. HEADLAM said it was essential that the practice of branding, the process of which inflicted no pain, should be kept up. Men of bad character, who deserted, or were dismissed from the army, enlisted in other regiments, receiving the bounty, and there was no other effectual mode of identifying them. This was the simple object of the practice.

After another animated debate the Committee again divided, when the amendment was negatived by eighty to fifty, and the clause was agreed to.

The other clauses were likewise agreed to.

The Marine Mutiny Bill passed the Committee.

INTOXICATING LIQUORS.

Mr. LAWSON moved for leave to bring in a Bill to enable owners and occupiers of property in certain districts to prevent the common sale of intoxicating liquors within such districts.

Upon a division, leave was given.

MARCH 11.

GAOL DIETARY.

Mr. BUXTON asked the Secretary for the Home Department whether his attention had been drawn to a statement recently made by Mr. E. Chadwick before the Society of Arts, that, "taking 104 prison returns, which enabled a comparison of the 20 gaols where the expense and the quantity of the diet were the lowest, the 20 where the expense and the quantity of the diet were the highest, and the twenty where they were intermediate, the results came out as follows:—

	Oz. of solid food per week.	Cost per head per week.	Sick per cent.	Deaths per 1000.
20 lowest prison diets ...	188	1s. 10½d.	3	1¼
20 intermediate diets ...	213	2s. 4¼d.	18	3
20 highest	228	3s. 2d.	23¼	4"

and whether he would cause any inquiry to be made on the subject.

Sir G. GREY said he had not seen the statement to which the hon. gentleman referred, and he was wholly in ignorance of the sources from which the figures referred to had been taken, nor could he vouch at all for the accuracy of the results; but an inquiry was now going on into the whole question of the dietary in the convict prisons.

MARCH 15.

ABOLITION OF CAPITAL PUNISHMENT.

Mr. W. EWART gave notice that on this day month he would submit a motion to the House for the repeal of the punishment of death.

WAKEFIELD PRISON.

Lord FERMOY asked the Secretary of State for the Home Department what was the effect of the late change of dietary in Wakefield Prison on the health of the prisoners; and whether he would lay a copy of the correspondence on the subject, together with a report of the medical officer, upon the table of the House.

Sir G. GREY said that a change had been made in the dietary in Wakefield Prison as an experiment. At the end of six months the visiting justices said that it had not been long enough in operation for them to form a decided opinion on it. He found, however, that such unfavourable views were entertained as to the effect of the change on the health of the prisoners that he did not feel justified in sanctioning its continuance. The whole matter was now being inquired into.

Lord FERMOY.—What was the report unfavourable to the change?

Sir G. GREY.—It was the report of the medical officer to the visiting justices.

UNIVERSITY COLLEGE HOSPITAL.—His Royal Highness the Prince of Wales has accepted the office of Vice-Patron, which has been vacant since the demise of the late Duke of Sussex.

Medical News.

UNIVERSITY OF LONDON: MASTER IN SURGERY.—The following gentlemen have just passed the examination for the degree of Master in Surgery:—

Hewlett, Richard Whitfield, M.D., King's College.
Rivington, Walter, M.B., B.A., F.R.C.S. Eng. (Exam.), London Hospital.
Taaffe, Rickard P. Burke, M.B., F.R.C.S. Eng. (Exam.), St. Barthol. Hosp.

This was the first examination for the above degree in the University of London.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 11th inst.:—

Bell, William, Rochester; diploma of Membership dated April 20, 1826.
Tothill, Frederick Listing, Charles-street, St. James's-square; June 7, 1833.
Smith, Charles Manners, of H.M.'s Indian Army; April 28, 1843.
Vines, Charles, Reading; July 25, 1836.

LICENTIATES IN MIDWIFERY.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 16th inst.:—

Blanchet, Jean Baptiste, M.D., Quebec; diploma of Membership dated Jan. 26, 1864.
Covey, Charles Edward, Basingstoke; May 6, 1863.
Freeman, Richard Thomas, Hatcham; Jan. 27, 1864.
Harris, James Smith, St. John's-wood; July 31, 1863.
Langhorn, Joseph, Savile-row: Jan. 28, 1864.
Monckton, Alfred, L.S.A., Brenchley, Kent; July 31, 1860.
Thomas, Geo. Frederic, L.R.C.P., Canterbury, New Zealand; Feb. 11, 1859.
Watermeyer, William Godfrey, Cape of Good Hope; Nov. 20, 1863.
Wilson, William Samuel, Bayswater; April 22, 1863.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 10th inst.:—

Brotherton, William Henry, Bethnal-green-road.
Grigg, William Chapman, Bristol.
Harris, Walter, Waterford.
Walker, George Charles, Bootle, Liverpool.

The following gentlemen also on the same day passed their first examination:—

Brewster, Edward, Sheffield School of Medicine.
Haxworth, Walter, Leeds School of Medicine.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following is a list of candidates who passed the Major Examination on the 16th inst., as Pharmaceutical Chemists:—Antonio A. Ferreira, Rio de Janeiro; George R. Warren, Ware; Albert Cooper, Yeovil; Abraham J. Dyer, Gosport; William S. Greaves, Ironville; John Hamp, Wolverhampton; Martin Magor, Truro; John Reece, Rotherham; David P. Saer, Pembroke Dock; James Swenden, Darlington.

A WORTHY EXAMPLE.—Dr. Smith, of Treva, Camborne, has presented to the Cornwall County Library, in fourteen volumes, a copy of each of his printed published works.

A SURGEON DROWNED.—Dr. Black, of Anstruther, a well-known and skilful practitioner, was found drowned in the harbour of that place on Monday, the 7th inst.

THE LOCK HOSPITAL, CHATHAM.—It is stated to be the intention of the Secretary of State for War to withdraw the annual grant of £375 to this institution.

CHARING-CROSS HOSPITAL MEDICAL SOCIETY.—The following gentlemen have been elected office bearers:—Honorary President: Dr. Hyde Salter, F.R.S.—President: W. Berry, Esq.—Vice-president: A. Verity, Esq.—Honorary Secretary: J. Bartlett, Esq.—Council: Messrs. S. S. White, R. Packman, E. Sandwell, S. S. Dowse, and F. Howse. Representatives of this Society at the Junior Medical Society of London: Vice-president, H. Willson, Esq.—Delegates serving on the Council: W. Berry, Esq., and S. S. White, Esq.

MONUMENT TO DR. CARR.—A monument has been erected in St. Andrew's Church, Newcastle-on-Tyne, to the late Dr. William Carr, who died from malignant fever caught in the exercise of his professional duties in the fever hospital of that town. It was sculptured by Messrs. Cragg and Son, after a design by Mr. Thomas Oliver.

EXTRAORDINARY MUNIFICENCE.—The following act of clerical liberality deserves to be recorded on the part of the late Right Reverend Thomas Turton, D.D., the Lord Bishop of Ely. This venerable prelate, who lately died, and whose will, has been proved under £40,000, has left the bulk of it to charitable institutions, including the Westminster Hospital, King's College Hospital, and the Western Dispensary, in this metropolis; and in the provinces, the Bradford Infirmary, the Huntingdon County Hospital, and the Suffolk General Hospital. The above large sum is to be equally divided amongst the charities enumerated in the last will of the deceased.

TESTIMONIAL TO DR. LIVEING.—On the 10th inst. a large meeting of the students of the Middlesex Hospital was held in the anatomical theatre, for the purpose of presenting Dr. Liveing, demonstrator of anatomy to the Middlesex Hospital School of Medicine, with a very handsome silver cup, in testimony of their appreciation of his zeal and ability in teaching them practical anatomy. On the cup was engraved: "Presented to R. Liveing, Esq., M.A., M.B. Cantab., by the students of the Middlesex Hospital Medical College, as a slight mark of their appreciation of his uniform kindness and attention to them while pursuing their anatomical studies." The representative of the students, on presenting the cup, made a short but highly complimentary speech, to which Dr. Liveing briefly replied. The proceedings terminated with hearty cheering.

UNIVERSITY COLLEGE.—The new members of Council are Henry William Busk, Esq., Edward Adams Leatham, Esq., M.P., and John Richard Quain, Esq. The new auditor is Augustus Prevost, Esq. Sir Francis Henry Goldsmid, Bart., has been re-elected by the professors President of the Senate, and has appointed Henry Crabbe Robinson, Esq., and Edward Armitty, Esq., Vice-presidents.

OBITUARY: DR. CARLYON OF TRURO.—This gentleman, who died on the 5th inst. at the advanced age of eighty-seven, was born at Truro in 1777, and was a fellow-pupil at the Grammar School there with Sir Humphry Davy. He took high honours at Cambridge, and came out Wrangler in 1795, when he graduated a M.D. and became a Fellow of Pembroke College. He practised for many years in his native town, where his medical skill and literary merits secured him a large circle of friends. In addition to his professional labours he took a lively interest in the municipal affairs of the town, and for five years filled the position of chief magistrate. He retired from public life in 1847, when he devoted himself to literary pursuits and the exercise of benevolence and charity, which rendered him beloved by his fellow-townsmen. He was buried at Kenwyn on the 10th inst., the funeral *cortège* being attended by a large body of country gentry and professional friends.

MEDICAL VACANCIES.

Farnham Union—Medical Officer.
Glamorganshire and Monmouthshire Infirmary and Dispensary—House-Surgeon and Secretary.
Great Northern Hospital—House-Surgeon.
Mutford and Lothingland Incorporation—Medical Officer.
Queen Adelaide's Dispensary—House-Surgeon, vice Dr. Bloomenthal, resigned.
St. Mark's Hospital for Fistula &c.—Two Assistant-Surgeons.

MEDICAL APPOINTMENTS.

A. R. BECKETT, L.F.P. & S. Glasgow, has been appointed one of the Resident Medical Officers of the Liverpool Workhouse and Fever Hospital, vice A. Martin, jun., L.F.P. & S. Glas., resigned.

F. BUCKLE, M.D., has been appointed House-Surgeon and Secretary to the West Norfolk and Lynn Hospital.

H. G. BULL, M.D., has been appointed Consulting Physician to the Hereford Dispensary, vice J. B. Lye, M.D., deceased.

H. H. CRUCKNELL, M.B., late House-Physician to King's College Hospital, has been appointed Physician to the Great Northern Hospital, Caledonian-road.

J. ELLIS, M.R.C.S.E., Assistant Medical Officer to the Hanwell County Lunatic Asylum, has been appointed Resident Medical Superintendent of St. Luke's Hospital for Lunatics, vice O. Jepson, M.D., appointed Resident Medical Superintendent of the City of London Lunatic Asylum, Stone, near Dartford.

M. FOSTER, jun., M.D., has been elected Medical Officer and Public Vaccinator for the No. 2 or Godmanchester District of the Huntingdon Union, vice F. H. Woods, L.R.C.P.Ed., resigned.

G. R. FRASER, L.F.P. & S. Glas., has been elected Medical Officer and Public Vaccinator for District No. 2 of the Bellingham Union, Northumberland, vice Mr. J. Gibson, deceased.

E. HEAD, M.R., of Harley-street, has been elected Physician to the Surrey Dispensary, Great Dover-street, vice J. Palfrey, M.D., resigned.

T. HILLIER, M.D., of Gower-street, has been appointed Physician to the Skin Department of University College Hospital.

A. KILGOUR, M.D., has been appointed Consulting Physician to the Aberdeen Royal Infirmary.

J. KNILL, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Faringdon 2nd District of the Faringdon Union, Berks, vice A. Powell, M.R.C.S.E., resigned.

T. R. MITCHELL, M.D., has been appointed Admiralty Surgeon and Agent for Swansea, vice Mr. H. De la Motte, superseded.

J. G. MORRIS, M.R.C.S.E., has been appointed one of the Visiting Surgeons to the Hereford Dispensary, vice H. G. Bull, M.D.

G. NAYLER, F.R.C.S.E., has been elected Assistant-Surgeon to the Orthopædic Hospital, vice Holmes Coote, F.R.C.S.E., resigned.

B. H. POPE, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Cloghan Dispensary District of the Stranorlar Union, Co. Donegal, vice P. O'Donnell, L.F.P. & S. Glas., resigned.

A. BAITH, M.D., has been elected Physician to the Aberdeen Royal Infirmary, vice A. Kilgour, resigned.

J. ROBERTS, M.D., has been elected Surgeon to the General Hospital and Dispensary for Children, Manchester.

T. SARVIS, M.D., has been elected Medical Officer of Health for Bethnal-green, vice S. Pearce, M.R.C.S.E., deceased.

N. G. SCOTT, M.R.C.S.E., has been appointed Resident Medical Officer to the City of London Hospital for Diseases of the Chest, Victoria-park, vice H. T. Lanchester, M.B., resigned.

L. P. SHANLEY, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Brideswell Dispensary District of the Athlone Union, vice H. King, L.R.C.P.Ed., deceased.

J. SMITH, M.R.C.S.E., has been elected Resident Medical Officer to the Notting-hill and Shepherd's-bush Dispensary.

W. D. SPANTON, M.R.C.S., has been appointed House-Surgeon to the North Staffordshire Infirmary, vice C. Orton, M.R.C.S., resigned.

W. WILLIAMS, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Festiniog District of the Festiniog Union, Merionethshire, vice W. V. Jones, M.R.C.S.E., deceased.

M. WOODWARD, M.R.C.S.E., has been re-elected Medical Officer for the Fladbury District of the Pershore Union, Worcestershire.

G. WRIGHT, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the West Leyburn District of the Leyburn Union, Yorkshire, vice T. Edmundson, M.R.C.S.E., deceased.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

J. F. BEATSON, M.D., Surgeon Indian Army, having completed twenty years' actual service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Jan. 13th, 1860.

J. BERKELEY, M.D., Surgeon R.N. July 18th, 1863, has been appointed to the "Bulldog."

F. A. BULLEY, F.R.C.S.E., has been appointed Assist.-Surgeon to the Royal Berks Militia, vice Morris, resigned.

P. BURGESS, Acting Assist.-Surg., R.N., has been appointed to the "Gladiator."

R. S. CLEVELAND, M.D., Assist.-Surg., officiating Garrison Surgeon, Bangalore, has been removed to the 16th Madras Native Infantry.

T. COGHLAN, M.D., Surgeon R.N. Jan. 30th, 1863, has been appointed to the "Research."

J. B. COLLISON, Assist.-Surg. Bengal Service, has been placed in charge of the Gaol at Azimgurh, and invested with the powers of a Magistrate to be exercised within the precincts of the Gaol.

D. B. DALY, Assist.-Surgeon Bengal Service, has been placed in charge of the Gaol of Mynpoorie, and invested with the powers of a Magistrate to be exercised within the precincts of the Gaol.

J. DOUGALL, Assist.-Surg. Madras Service, has been appointed to act as Zillah Surgeon, Vizagapatam, during the absence of Dr. Andrew on leave.

W. J. EAMES, L.K.Q.C.P.I., Surg. R.N. June 30th, 1863, has been appointed to the "Gladiator."

J. J. ELY, M.R.C.S.E., Hon. Assist.-Surgeon to the 9th Kent Rifle Volunteer Corps, has been appointed Assist.-Surgeon.

W. FARQUHAR, M.D., Assist.-Surg., has been removed from doing duty with the 20th Madras Native Infantry to do duty in the Department of Deputy Inspector-General of Hospitals, Presidency.

A. GARDEN, M.D., Assist.-Surgeon Bengal Service, in civil medical charge of Saharunpore, has been appointed to officiate as Superintendent of the Gaol at that Station, and invested with the powers of a Magistrate to be exercised within the precincts of the Gaol.

H. A. GOGARTY, L.R.C.S.I., Assist.-Surg. 42nd Foot, Bengal, has been directed to assume medical charge of the Chinsurah Depôt, vice Staff Surgeon J. Davys, proceeded on sick leave.

C. HATHAWAY, M.D., Surg. Indian Service, having completed twenty years' actual service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Jan. 13th, 1860.

A. H. HILSON, M.D., has been appointed to officiate as Superintendent of the Gaol at Azimgurh, and invested with the powers of a Magistrate to be exercised within the precincts of the Gaol.

T. G. HOWELL, Assist.-Surg. Madras Service, has been appointed Zillah Surg. of Masulipatam.

A. M'DONALD, M.D., Acting Assist.-Surg. R.N. Dec. 8th, 1863, has been appointed to the "Research."

A. A. MANTELL has been appointed Civil Assist.-Surg. of Burdwan, Bengal.

J. MOCKRIDGE, M.R.C.S.E., Assist.-Surgeon R.N. July 6th, 1860, has been appointed to the "Boscawen."

S. L. MOSS, M.D., Acting Assist.-Surgeon R.N., has been appointed to the "Bulldog."

J. W. MOUTH, M.D., who, under instructions from the Horse Guards, accompanied the 76th Foot to India, has been appointed to the medical charge of the Regiment from date of arrival till further orders.

R. OLDHAM, F.R.C.S.E., has been appointed Assist.-Surg. to the 4th Durham Artillery Volunteer Corps.

C. PALMER, M.D., Surg. Bengal Service, has been directed to relieve Surgeon-Major E. Hare of the medical charge of the 40th Bengal Native Infantry, consequent on his promotion as Deputy Inspector-General of Hospitals.

J. PARKER, L.R.C.S.I., Assist.-Surg. R.N. March 11th, 1861, has been appointed to the "Cambridge."

J. C. PRENTT, M.D., Assist.-Surg. Bengal Service, has been appointed Civil Medical Officer of Umritsar, with executive charge of the Gaol at that Station, but to continue to officiate as Superintendent of the Lahore Central Gaol until further orders.

J. PRINGLE, M.D., Acting Assist.-Surgeon R.N., has been appointed to the "Ajax."

J. S. REDDING, M.D., Assist.-Surg., has been posted to the 20th Madras Native Infantry.

W. SCOTT, M.D., having completed twenty years' service in India, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Jan. 13th, 1860.

T. T. SHERLOCK, Assist.-Surg. Bengal Service, Civil Assist.-Surg. of Etawah, has been appointed to the civil medical charge of Mynpoorie, in addition to his own duties, till relieved by Assist.-Surgeon D. B. Daly, or until further orders.

G. V. WRIGHT, M.D., Acting Assist.-Surgeon R.N., has been appointed to the "Edgar."

Births, Marriages, and Deaths.

BIRTHS.

On the 31st of Jan., at Mundlaisar, the wife of G. Yeates Hunter, M.R.C.S.E., Assistant-Surgeon in medical charge of the Nimar Agency, of a daughter.

On the 10th inst., at Head-street, Colchester, the wife of Edwin Worts, L.R.C.P. Lond., of a daughter.

On the 12th inst., at Market-Overton, Rutlandshire, the wife of G. M. Ashforth, M.D., of a son, still-born.

On the 13th inst., at Princes-street, Port Glasgow, the wife of Geo. Crawford, M.D., of a daughter.

On the 12th inst., at The Treasury, Chichester, the wife of H. L. Randall, M.R.C.S.E., Assist.-Surg. Royal Engineers, of a daughter.

On the 14th inst., at Queen-square, Westminster, the wife of J. S. Bristowe, M.D., of a son.

On the 14th inst., at Bengal-place, New Kent-road, the wife of Dr. Waterworth, of a daughter.

MARRIAGES.

On the 10th inst., at St. Barnabas, Kensington, Chas. Geo. Watson, Surgeon, late R.N., to Amy, only child of the late W. J. Holder, Esq., of Hollandterrace, Kensington.

On the 10th inst., at Holloway, M. C. Dukes, L.R.C.P., of Enfield Highway, to Mary Davis, daughter of T. Sprague, Esq., of Carlton-hill Villas, Camden-road.

DEATHS.

On the 10th inst., at Abbey-square, Chester, Robert Hutchinson Powell, M.D., Physician to the Chester General Infirmary, aged 46.

On the 13th inst., at Brighton, Ralph Allen Frogley, F.R.C.S.E., of Hounslow, aged 70.

On the 15th inst., at Seal, Sevenoaks, Kent, Anne, the wife of James Paley, M.R.C.S.

Medical Diary of the Week.

MONDAY, MARCH 21 ...

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.

METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.

MEDICAL SOCIETY OF LONDON. — 8½ P.M. Mr. Jabez Hogg: "Eye Diseases as Determined by the Ophthalmoscope, more especially in relation to the Diagnosis and Surgical Treatment of Glaucoma."

TUESDAY, MARCH 22...

GUY'S HOSPITAL.—Operations, 1½ P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—3 P.M. Dr. Grailly Hewitt's Clinical Conferences in Midwifery.

ETHNOLOGICAL SOCIETY. — 8 P.M. Mr. Thos. J. Hutchinson, "On certain Native Tribes of Brazil and Bolivia." — "An Account of a Human Skeleton discovered under a bed of Peat on the Coast of Cheshire."—Dr. Kirk: "A Description of some Crania of the Manganja Race of Negroes on the River Shire in South Africa, with an Account of the Tribe."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Mr. Moore, "On a Method of Consolidating Fibrin in Incurable Aneurisms, with a Case by Dr. Murchison." — Mr. Bryant, "On Removal of Stone in the Female Bladder by Urethral Dilatation."—Dr. Morell Mackenzie, "On the Invention of the Laryngoscope by Dr. Benjamin Babington."

WEDNESDAY, MAR. 23

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. MARY'S HOSPITAL.—Operations, 1 P.M.

UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.

THURSDAY, MARCH 24

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL — Operations, 1 P.M.

LONDON HOSPITAL.—Operations, 1½ P.M.

GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.

LONDON SURGICAL HOME.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

FRIDAY, MARCH 25.....

WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, MARCH 26

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.

LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.

KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.

ROYAL FREE HOSPITAL.—Operations, 1½ P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

To Correspondents.

Our Cheltenham Correspondent.—We have perused the correspondence of an ex-Surgeon-Major, and, having given our anxious consideration to the matter, fail to find any just cause for official impeachment. No doubt the writer has substantial reason to regret the inopportune death of the late Director-General, who, had he lived, would have used all his influence to accomplish the writer's wishes. His correspondence must be discussed on public, not personal grounds. In the medical department of the army it is of the first importance that the regulations laid down for its guidance be adhered to, especially so in the matter of promotion. Extraordinary claims for particular services will ever form exceptions to the ordinary rules; but, as was manifest in the present case, where equal professional standing and the performance of the duties it entails are the grounds to be relied upon, it is only fair that a preference be shown to those who have suffered most in the service of their country. Accordingly when the *Gazette* of 1858 appeared, many were passed over because of their want of claims founded on Indian service. It may be urged that this ought not to have been so, inasmuch as a medical officer who fulfils his duty with his regiment can have no voice in its situation. True; but so it is. The chances of war or the changes of locality, each exercise their influence, and practical benefit results from such being acknowledged. The writer complains that, holding a special rank, he receives the half pay of an inferior position. It is certainly a matter of regret that it should be so; but the circumstances offer adequate explanation. He receives the pay attaching to his period of service. It is unfortunate that his health rendered it necessary for him to retire one year before his claims for the half pay of his rank had been established. Our correspondent complains that having applied to be restored to full pay in order to complete his term, he was not permitted to do so. His application was accompanied by an intimation of his unfitness for foreign service. Now, we put it to the writer whether it would not be a manifest hardship to those who have well performed long periods of service in foreign and unhealthy climates if they were deprived of their term of home service by a class of officers who occupied the safe berths in the United Kingdom. There is no parity of reasoning in a consideration of the payment of combatant and non-combatant officers. The half pay of a lieutenant-colonel, whatever be his period of service, is not more than 11*s.* 6*d.* a day; whereas both the full pay and the half pay of medical officers are regulated exclusively by length of service. This being the case, the writer must to his ill health rather than to any other cause attribute the diminution of his present allowance. We cannot censure the conduct of the Director-General in this particular. Since his appointment as chief of the department on the 7th March, 1860, but eleven medical officers of the grades of surgeon and surgeon-major have been placed on half pay under twenty years of service. That is not making much havoc in so large a number, even if the ten surgeons other than our correspondent have been placed on permanent half pay, of which we are unable to speak with decision. It seems to us that it was open for him to have demanded a second Medical Board before he was placed in his present position. The fact, however, of his own acquiescence in the finding of the first must be regarded as to that extent precluding him from raising any question on this point. We can assure the writer that our columns will always be available to urge his claims, and to support our brethren in both branches of the public service, and this we can best do by regarding every matter in the abstract, and endeavouring to give a dispassionate opinion. The high personal character and professional distinction of the writer will, no doubt, should any public emergency arise, commend him to the special notice of the Director-General.

L.R.C.P. Edin.—The union between "C. T. Hamilton, Physician," and Howard and Co., is one not recognised as orthodox by the profession.

MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—Your correspondent, "A Well-wisher," (in THE LANCET of Feb. 27th,) on the subject of Medical Education, offers a valuable suggestion on the disposal of the young medical student on entering upon his studies. The Medical Council have fixed the time of residence at the various medical schools at four years. The groans of parents and guardians have multiplied as a result of this law, because it impells them to greater expense, and enforces them to expose those committed to their charge to temptations and trials with which the mere boy fresh from the schoolhouse is unable to cope. It is time the matter was fairly agitated before the public; for upon this very decision of medical education will rest its future comfort and safety, as well as the intelligence, competency, and worth of forthcoming generations of medical practitioners. It has come about in the order of things that change should take place in the professional education of medical men. Those charged to effect that change will be responsible for its results, be they salutary or baneful. Through the medium of your columns, Sir, it may be permitted that the opinions of mere outsiders should find their way before the public, because they must be grounded upon some experience of the effects of their own preliminary education.

To arrive at some satisfactory conclusion, allow me, Sir, to compare the two methods of commencing medical studies. The one, which it is to be hoped is rapidly dying out, consists in a form of apprenticeship to some practitioner in country or town. Whether the gentleman has anything to teach or to show him is quite another matter. It is sufficient for the trembling youth that he should put his thumb on the seal, and act the solemn farce of swearing allegiance to his future master, who, on the other hand, undertakes certain promises concerning the boy's temporal welfare, and the matter of instructing him in the mysteries of his special art. It amounts to simply this: in consideration for certain meals and opportunities of sleeping, &c., a medical boy binds himself diligently to master certain tricks of the art, which are —to mix his master's physic quickly, and with the least possible danger to valuable lives; having mixed the same, to neatly tie it up; to preside over the manufacture of certain preparations necessary to the art; to make pills and spread plasters; to post the books, and make out the bills without blotting them; and, in fact, to be useful in a convenient and gratifying manner to the gentleman in question. Having for the agreed-upon number of years done all this repeatedly, the tyro is discharged to some medical school, well grounded in the rudimentary parts of his profession, and having acquired all that it is possible or convenient to teach him. The premium paid for all these striking advantages varies.

The other method is, I think, of the two, by far the more injudicious—nay, more hurtful. The apprentice passes through some transition state before being let loose on the quicksands of a London life. The boy who is educated in this other way has no interim, but plunges straight from the girlish-faced boy to the full-blown medical student, established in his own rooms, at liberty to entertain anyone he pleases, and otherwise a man at large. What are the results? A dressing-gown and a pipe, when he ought to be on the road to early lecture. Riotous nights and heavy mornings soon begin to be the rule, and not the exception, and conversation flows in slang with as ease and elegance suggestive of intense delight at the accomplishment. People place their sons in such a position by sending them forth to rule themselves at an age when, before any other, they require careful handling—when the early buds of their future characters are forming. His mind is puerile; his judgment untutored; of experience he has none; of the ways of the world he is ignorant; and yet, without restraint, without discipline, without being able rightly to adjust the balance between right and wrong, the boy is left to himself to mould his own character, and foster what good there may be in him. Is it human nature to suppose that the boy escapes evil and leads a life free from error? Cut off from home influence, removed from that of pure female society, he is left exposed to the terrible risk and danger of forming companionships the most pernicious, and connexions oftentimes the most degrading.

Now, Sir, this is not an exaggerated way of looking at the matter, as the ranks of any medical school will soon attest. It is true, be his principles and former moral grounding what they may, that the young student has to run a fearful gauntlet of temptation before many months of his new life have passed away. His weapons for right are, boyish simplicity and heartiness; those of his assailants for evil, the gloss that hides all vice, the glitter of false excitement, the evil example of those about him, and his own innocence in the hands of others. Boys in their 'teens you have none. Their countenances adapt themselves to their pursuits: cunning betrays low knowledge; a *blasé* manner the pallid sinner; and in the weary attitude behold how they have lived their little lives to their discredit and ultimate misery. You cannot any longer look on them as boys in their 'teens.

There is a moral intoxication apparently easily overlooked; but those who place a boy suddenly alone in a whirlwind of temptation, and expect him to come out unscathed, and when he errs, by violent declamation and useless invectives think to bring him right, show themselves admirably adapted for the training of youth. The natural love of the profession, Sir, I do not believe to exist in the mind of any boy. What can a boy at school know about it? An apprentice may, in his novitiate condition, acquire it. A lad at school may evince a taste for the arts or preaching; but I think not for the healing art, unless hanging up a cat, as most boys have done, on an easel, and cutting it open, is to be considered emblematic of future greatness as a surgeon. Many, being imitative, choose it because their fathers have done so before them; many because they know not what else to do, and think the life pleasant; many from an affection for the smell of drugs have launched out into the great world of medicine. If these things be true, is it to be wondered at that when the novelty of hospital life has gone, the student flags in his zeal, and seeks other pursuits?

Going round the wards is all very well, and resolves itself from at first squeezing to the bed to skylarking in the outer circle. The same thing happens at lectures: at first grave attention; then solemn inattention; by-and-by profound sleep; and finally amongst the orange-peel throwers, the fret shufflers, and sneeze makers, appears our hopeful tyro. It must of necessity be confessed that a heavy lecture is not too likely to impress him with the beauties of his profession. He goes to his rooms, perhaps, and tries to read; matters occur to perplex him; there is no ready explainer at hand; in lectures he cannot interrupt, and so he puts off work till another day, and hence the seeds of idleness and the tastes for dissipation are sown, some day to produce their inevitable fruit. An apprenticeship is certainly a waste of time; but, Sir, you must acknowledge its safety as compared with that of the boy-man in London. An apprentice may go wrong undoubtedly; but then he is under control, and if he declines to obey, may be sent back home. A London student may go wrong too: it is a wonder if he does not. And where is the influence however strict, or the word however kind, to put him right again? He may turn out well; but that does not do away with the risk of his not doing so. He may in the end come out a gentleman and a surgeon; but there is, too, the risk of his becoming a pot-house pot, a walking advertisement of his tailor, or something infinitely worse. He may resist evil and cleave to the good; but the probabilities are against it. Pure society may be his delight; but so may degraded excitement usurp all his tastes. He may find resources within himself wherewith to beguile an idle hour; but he is quite as likely to make a glorious night translate itself into a "student's convivial," or a brilliant morning find itself amidst the clouds of a billiard-room. We see him at the outset a gentlemanlike boy, and the son of a gentleman; but there is the chance that now he has forfeited the high privilege of calling himself a gentleman.

If neither of these methods of education seem desirable, what then is to be the commencement of medical students? And the plan recommended by "A Well-wisher" may justly be respected as likely to solve the difficulty. Make use of our country hospitals; place young students under the eyes and control of their house-surgeons, who, in most cases, are highly qualified to undertake the responsibility; let them stay there two years, as suggested, where their faults will be under control, and where they may find a home, which they will forfeit for grave misconduct: they will be more likely to attain self-respect, and by so doing gain the confidence and esteem of others. So much for the moral advantages. Of the professional, the character of the institutions speaks pointedly enough. They will learn the rudiments of their profession thoroughly, while they will read under the house-surgeon, dispense under the dispenser, dress for the surgeons, and clerk for the physicians, and so become imbued with that knowledge and love of their calling which their after career as hospital students will abundantly verify.

It is therefore with pleasure that I see the subject at last agitated in your journal, and I hope, Sir, meeting with your sympathy and support.

I am, Sir, yours, &c.

March, 1864. G. P.

THE BRITISH PHARMACOPŒIA.

Quærens.—No doubt the Medical Council will endeavour to enforce the directions of the British Pharmacopœia to the full extent of their authority; but it is very doubtful whether that authority be not more apparent than real. At any rate it may be hoped that they will not attempt to impose it, blunders and all. The consultation of a "solicitor" will by no means settle the matter.

L.F.P.S. Glasgow.—There is no impropriety in so doing.

Wager.—Vauquelin discovered the active principle of tobacco (nicotine) in its impure condition. Posselt and Reimann were the first to obtain this alkaloid in a state of perfect purity. Vauquelin added, however, it should be remembered, several other ingredients to nicotine.

W. S. B.—The suggestion is a good one, and has already been made in our pages.

POOR-LAW MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—The one great reason why Poor-law medical officers do not come forward and help Mr. Griffin in his efforts is, that the majority believe their cause to be a hopeless one. They cannot perceive that the end of this movement is at all nearer to its consummation. To go on in the same course appears to them a fruitless waste of money and labour. That such a belief is an erroneous one, cannot, I think, admit of doubt. A better cause and a more hopeful one there could not well be, notwithstanding all the difficulties in the way, if we would only keep together, be true to ourselves and to one another. A more willing, indefatigable, and determined leader we could not possibly have than Mr. Griffin, who appears to me to possess all the requisite qualities for carrying on so prolonged a fight with the "powers that be" to a complete and satisfactory termination.

We ought at once to rally round Mr. Griffin, and not only supply him with the necessary means for continuing the warfare, but present him with some substantial acknowledgment of his past services, which have been both great and self-denying labours of the most arduous kind. This seems to me the very least that we can do in appreciation of the value we attach to his labours. If all will but support him in this most just and righteous cause, who can have any reasonable doubt that he and we shall ultimately succeed in obtaining redress for our well-known grievances?

The suggestion of your correspondent, "Q. E. D.," in your journal of March 12th, that each one of us subscribe a shilling, is a good one, and one that I should be glad to see acted upon. In addition, I have to propose that we each subscribe another shilling to a fund for presentation to Mr. Griffin as a trifling acknowledgment of his unwearied exertions. Knowing the interest you at all times take in the cause which Mr. Griffin advocates, and in his noble acts of self-devotion, I suggest that you, Mr. Editor, should become the recipient of this last-named fund for him. It is far from my wish to limit the subscription to so small a sum from those who are able and willing to give more.

Your feelings and action in this matter, Mr. Editor, are so well known, that I need not ask you to give due prominence in your own remarks to this subject.

I remain, Sir, yours faithfully,
Amersham, Bucks, March, 1864. WILLIAM PROWSE, M.R.C.S.

P.S.—I will undertake to collect the subscriptions in my own district if other gentlemen will do the same in their districts, and forward to yourself and Mr. Griffin the separate subscriptions.

Henry V.—Carbolic acid is regarded by some as the most powerful preventive of putrefactive decomposition which is yet known. It is also an antiferment, preventing the conversion of tannin into gallic acid and sugar. A few drops added to a pint of fresh urine are said to preserve it from fermentation or any marked chemical change for several days.

Ignoramus.—Such practices are better avoided.

C. M.—By courtesy.

Veritas.—The article shall appear, if possible, in the next LANCET.

A Fellow.—The matter is not of sufficient moment to be discussed at any length in our pages, an official contradiction having been given to the rumour which was current.

John.—Neligan; Wilson; Tilbury Fox.

WE have received 10s. 6d. from Mr. F. Simms, Twickenham, towards the Peat Fund.

MEDICAL PROVIDENT ASSOCIATION.

To the Editor of THE LANCET.

SIR,—Many months ago a move was made in order to start a Medical Relief Fund for members of the profession in time of sickness, and for their widows and children after them. With the exception of a few letters that have since appeared in THE LANCET, recommending certain Assurance Offices for that purpose, nothing more has been heard of it.

I do trust, Mr. Editor, that you will lend your powerful aid in this matter by rousing the members of the profession from a state of apathy, and by urging them not to allow so useful a scheme to fall to the ground. True it is that there are many medical men who from their circumstances in life may never need the benefits of such a fund; but they, I feel assured, will not be backward in giving of their substance, with a hearty desire to ameliorate the distress and inconvenience that sickness causes many of their poorer brethren.

Hoping that this letter may come under the notice of those who feel interested in the carrying out of this great work, and that some earnest and decided step may at once be taken to put it into working order,

I am, Sir, your obedient servant,
March, 1864. A WELL-WISHER TO THE FUND.

D. T.—We do not vouch for the exact truth of the calculation; but we may mention that it is stated in Tweedie's "Temperance Almanack," that whilst the mortality between the ages of 45 and 55 of the whole population of England is at the rate of 18 per 1000, amongst publicans it is 28.

Mr. William Pritchard.—It is not usual to pay in cases of revaccination, unless there be a special contract to that effect.

Mrs. Rentoul, (Nelson, New Zealand.)—Attention shall be paid to the request.

L. V. B.—We know of no such process.

The late Dr. Oudney, R.N.—A letter to "M.D.," who lately made inquiries respecting the above gentleman, lies for him at THE LANCET Office.

Chemicus, Student.—Properly made "vegetable parchment" forms the best septum for experiments in dialysis. It is made in the following way:—Unsized paper is plunged for a few seconds into sulphuric acid diluted with one-fourth its bulk of water, and then washed with ammonia. The product very much resembles animal parchment in strength and appearance, and is applicable to much the same purposes as is the latter.

Dr. Edward H. Lloyd (Halifax, Nova Scotia) is thanked for his polite letter. The paper was duly received.

Omega.—Medicated cigars may be had of Wilcox, French chemist, Oxford-street, and of Le Maout, Princes-street, Leicester-square.

The Writer, &c.—The Royal Hospital for Incurables. A ward for incurable at the Westminster Hospital.

Dr. C. Barham (Truro) is thanked for his polite communication.

Edward.—The information may be obtained by reference to any work on Anatomy.

FROG THE AVENGER.

To the Editor of THE LANCET.

SIR,—Will you permit me to inform you that the report upon which the article "Frog the Avenger" (in your last impression) was founded has been contradicted. The experiments which were performed in the presence of the Juge d'Instruction are not to be repeated before the jury. The report states further that no such experiments have been made before a jury for more than fifteen years.

I take my information from the *Moniteur Belge* of the 9th instant, p. 1203, which, I think, quotes from the *Pays*.

Your obedient servant,
March, 1864. R. B. P.

Dr. J. C. Brunwell (Burnley) will perceive by reference to our last impression that "THE LANCET Lancashire Fund" has closed its accounts.

A Surgeon.—It is satisfactory to learn that the Society acted fairly on the occasion.

Jean de Ville.—If his name and address be forwarded to us, he shall receive a private letter.

MEDICAL ADVERTISING.

THE following advertisement appeared in a late number of the *Lincoln Gazette*. As Mr. Redman's object is publicity, we give him the benefit of our circulation without charge:—

"Mr. Redman, Surgeon, wishes to state that, having for many years been favoured with the largest midwifery practice in the county, and finding that his health will not permit him to continue the night duties as heretofore, he begs to apprize the inhabitants of this city that his fee for each case will, in future, be one guinea—cash. Club cases will be excepted, as also will those parties who have already bespoken attendance.—Lincoln, March 3rd, 1864.

Student, (Cheltenham.)—The period is not yet fixed. It will appear in due time in the columns of this journal. The subjects are enumerated in the Students' Number of THE LANCET.

Dr. Macloughlin.—If the Commission be appointed, attention shall be given to its proceedings.

B. S. D.—In a natural case the fee is half a guinea; where instruments are required, two guineas are allowed.

A Subscriber for Twenty-one Years, (Dublin.)—A short *résumé* of the cases would be acceptable.

Mr. J. Percival.—The opinion of some competent surgeon should be taken in the case.

POISONING BY ABSORPTION.

To the Editor of THE LANCET.

SIR,—In a paragraph with the above heading published in your number of the 5th instant, I find the following mistakes:—

1st. It should read Halesworth, Suffolk (not Essex). 2nd. It was *arsenic* that caused the death of the child, combined by the mother with "white precipitate" in the shape of an ointment. 3rd. The child was suffering from *porrigo* as well as pediculi.

I am, Sir, yours truly,
March, 1864. A. B.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Holmes Coote; Mr. Henry Thompson; Dr. Mitchell, Swanage; Mr. J. Jackson; Mr. King, (with enclosure;) Dr. Ticehurst; Mr. Howells, Banbury, (with enclosure;) Dr. Lloyd, Halifax, Nova Scotia; Mr. Dempster, Auckland; Dr. Sumpter; Dr. Hillier; Dr. Taaffe, Brighton; Mr. Saunders, (with enclosure;) Dr. J. Harvey; Mr. Reade; Dr. Wolfe; Dr. Laycock; Dr. Lanchester; Mr. Wilson, Monmouth, (with enclosure;) Mr. Rendell, Wadebridge; Dr. Blackmore, Nelson; Dr. M'Cormac, Belfast; Mr. Ewington, Margate; Dr. Palfrey; Mr. Pritchard, East Retford; Mr. Easly, Darlington; Mr. Teale, Leeds; Dr. Mitchell, Dumfries; Mr. J. Smith, Manchester, (with enclosure;) Dr. Price, Margate; Mr. Skinner, Cranborne, (with enclosure;) Dr. Brunwell, Burnley; Mr. Fouracre; Dr. Mitchell, Castle Douglas; Mr. Autey, Aycliffe; Mr. Thorne, Handsworth; Mr. Judge, (with enclosure;) Dr. Macloughlin; Dr. Trull; Mr. Muir, St. Andrews; Mr. Butler, Ashburton; Mr. M'Dowall, Tabuga; Mr. G. N. Smith; Mr. Kingston, Dublin; Mr. Ballard, (with enclosure;) Mr. W. Harris, (with enclosure;) Mr. Neirck; Mr. Larkin; Mr. Jones; Mr. Beveridge, Nottingham; Dr. Edyards, Cardiff; Mr. Spanton, Sheffield; Mr. Smith, Burbage; Mr. Simms; Mr. S. Garrard, Halesworth; Dr. Brittain, Chester; Mr. A. Fleischmann, Cheltenham; Dr. Evans, Narberth; Mr. Bailly, Coleshill, (with enclosure;) Mr. Allerton, Lowestoft; Dr. Hunter; Mr. C. Le Fevre, Jersey, (with enclosure;) Dr. Barham, Truro; Mr. Tuck, Seaford; Mr. Langford, (with enclosure;) Mr. Percival; Dr. Mackie, Malta; Mr. Hallilay, (with enclosure;) Mr. C. Case; An Old Army Surgeon; An Aberdeen Graduate; A Surgeon; M.D.; M. A.; Omega; J. S. E., (with enclosure;) An Old Subscriber; Studens; W. S. E.; A Student of Medicine; An Army Medical Officer; R. B. P.; Physiologist Pharmaceutical Society; The Chemists and Druggists; &c. &c.

DINNEFORD & CO., PHARMACEUTICAL CHEMISTS,

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Also the celebrated OREZZA MINERAL WATER, containing Iron, and which is extensively prescribed in England and France as an invaluable Tonic.

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BARTH'S OXYGEN WATER holds free Oxygen in solution. It gently stimulates the functional action of the stomach and secretory organs, and is a very useful beverage. WENTWORTH SCOTT'S Analysis gives as contents of a bottle—"Nearly half an imperial pint of pure distilled water, and about 13·5 cubic inches, or 4·6 grains of gaseous oxygen; equivalent to that contained in 21·4 grains of chlorate of potash." 4s. per dozen.

OXYGENATED WATER COMPANY (LIMITED), 36, LONG-ACRE.

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Prices for Dispensing—1 oz., 9s.; ½ oz., 3s. 4d.

TOWLE'S CHLORODYNE.

OF KNOWN COMPOSITION.

For Formula &c. see back Numbers.

Extract of Letter from Dr. C. KIDD (Author of standard works on Chloroform):—"SIR: ..... Of the value of Chloroform given internally I have no doubt; it appears to me in that form an anodyne *sui generis* that no other anodyne can approach. I have resolutely opposed the use of *secret* compounds of Chloroform, and in every way I can encourage the use of 'Chlorodyne' (if we must have it at all) that is made by you, as you state that its composition is known. Many medical men think with me, and recommend your compound, but will never prescribe a secret remedy.—CHAS. KIDD, M.D.—Sackville-street, Piccadilly, London, April, 1862.—To Mr. A. P. Towle."

Extract of Letter from ALFRED ASPLAND, Esq., F.R.C.S. Eng., J.P. Chester and Lancaster, Surgeon 4th Cheshire Batt. V.E., Surgeon to the Ashton Infirmary:—"After an extensive trial of your Chlorodyne in Hospital, Infirmary, and Private Practice, I am able to state that it is a valuable medicine. I have found its action peculiarly serviceable in Bronchial, Spasmodic, and Neuralgic Affections. I have never found it produce headache or feverish disturbance, results which not unfrequently occur from other forms of Chlorodyne. As a sedative to allay excitement arising from the abuse of intoxicating drinks, so commonly witnessed in our Barrack Hospital, I have been perfectly satisfied with it. Its known composition will doubtless prove an additional recommendation to the profession.—To Mr. A. P. Towle."

Sold by Wholesale Houses in bottles, 1 oz., 1s. 6d.; 2 oz., 2s. 6d.; 4 oz., 4s.; and 8 oz., 8s.

Sole Manufacturer, A. P. TOWLE, Chemist &c., 99, STOCKPORT ROAD, MANCHESTER.

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This Preparation is identical with "TOWLE'S CHLORODYNE," sine Ol. Menth. Pip. (Dose, 5 to 20 Minims, as in Chlorodyne).

The Proprietor having for some time past, at the request of several Members of the Medical Profession, made a Preparation of Chlorodyne without Peppermint, has lately, on account of the frequency of these demands, prepared the same for more general use, under the designation of LIQ. CHLOROFORMI CO., which, possessing the Medical properties of Chlorodyne, may be prescribed in all cases where the Ol. Menth. Pip. is disapproved, and overcome the objection so generally felt to the use of the term "Chlorodyne."

May be obtained, as an introduction, from the following Wholesale Houses, in 2 oz. and 4 oz. bottles, at 2s. 6d. and 4s. each:—

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Tasteless Pills.—Cox's Patent.—Surgeons & Chemists supplied with an excellent Aperient Pill (the formula for which will be forwarded), covered with a thin non-metallic film, rendering it perfectly tasteless, at 2s. a gross, postage 4d. 5 gross and upwards free to London at 1s. 9d. a gross, 12 gross at 1s. 6d. They present an elegant, pearl-like appearance, and may be kept in the mouth several minutes without taste, yet readily dissolving, even in cold water, in an hour. Any formula dispensed and covered at 4d. a gross extra. Discount on larger quantities.—Cox & Co., Chemists, Brighton.

Royal German Spa, Brighton.—STRUVE'S SELTZER and other MINERAL WATERS, patronised by her Majesty, are sold at the Pump-room, Brighton, and by GEORGE WAUGH and CO., Pharmaceutical Chemists to the Queen, 177, Regent-street, W., and other respectable houses in London and the provinces, where prospectuses, with the highest medical testimonials, may be had gratis.—CAUTION: Owing to the use of Struve's bottles by other parties, see that Struve's name is on the label and red ink stamp affixed to every bottle.